

OnCore Manual **WashU**  
**Participant** Registration  
Form

**Only use this form for new study participants registered at a Washington University study site that do not exist in OnCore and do not require a patient record in Epic.**

Please search for the participant in OnCore before submitting this form to avoid duplication.

Please complete CRA contact information and all available information for study participant.  
For help, contact the OnCore support team at [oncore@wustl.edu](mailto:oncore@wustl.edu) or **(314) 747-0347**

Contact information of person submitting request

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date request submitted: \_\_\_\_\_

Study participant information (Fields marked \* are required)

\*WashU Site Name \_\_\_\_\_

\*Register to Protocol #: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*First Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

\*Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Biological Sex: Male Female Unknown

\*Ethnicity: Hispanic or Latino Non-Hispanic Unknown

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

\*Race: American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander

White Unknown

\*Patient's Current Home Zip Code \_\_\_\_\_ \*Country \_\_\_\_\_

Send completed form to the OnCore Support Team via email at [oncore@wustl.edu](mailto:oncore@wustl.edu)