Entrance into the International Fanconi Anemia Registry

(To be obtained from the Study participant or a parent or a legal guardian)

INFORMATION	ABOUT THE PERSON FILLING	OUT THIS	FORM:
Name of the person provid	ing information:		_
Relationship to the particip			
Home TelephoneEmail address:	erson providing information: Mobile Telephone		
What is the best way to co	ontact you? Email, phone:		
<u>INFOI</u>	RMATION ABOUT THE PARTIC	CIPANT:	
Gender			
Date of birth	Place of birth		
Race	(American Indian/Alaska I	Native, Asian	, African
Hispanic or Latino? Y/N	American, Native Hawaiia	n or Pacific Is	lander, White)
Address			
Street	City	State	Zip
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