



Network
 Urogenital Diseases (ERN eUROGEN)

Common Data Elements

VERSION 220310

1.	Informe	ed consent:						
	a.	Patient inc	cluded for ret	trospective or prospecti	ve study?	[Radio button, one selection]		
		○ retrospective ○ prospective						
	b.	Patient/parent(s)/legal representative(s) has/have given informed consent for the data being included in						
		the ERN el	UROGEN regi	istry		[Radio button, one selection]		
		○ yes	J	no		•		
		(If no, answer question 1c and continue with 1e. If yes, answer question 1e and further)						
	c.			ned consent signed?	, ,,	[Radio button, one selection]		
	•	-	opt-out procedure other					
		(If other, answer question 1d)						
	d.		on other rea	-		[String]		
	u.	Specificati	on other rea	3011		[String]		
	e.	Who signe	ed the inform	led consent form?		[Tick-box, multiple selection]		
		_		ed the age of legal major	rity Date	[Date, dd/mm/yy format; at/after DoB]		
						_		
	_			presentative(s)	Date	Date, dd/mm/yy format; at/after DoB]		
	f.	_	_		o support commercia	I projects aimed to improve healthcare		
		○ yes	○ no	unknown		[Radio button, one selection]		
	g.				a to non-EU countries	, in compliance with GDPR, to support		
		projects ai	imed to impr	ove healthcare				
		yes	○ no	ounknown		[Radio button, one selection]		
	h.	Consent to	the linking	of pseudonymized data	to existing databases	/registries to improve healthcare		
		○ yes	○ no	unknown		[Radio button, one selection]		
	i.	Agree to b	Agree to be contacted by medical doctor about research projects and/or clinical studies related to					
		condition						
		○yes	○no	unknown		[Radio button, one selection]		
	j.	Consent to	receive in t	he future, if applicable,	a link to an online que	estionnaire on the email address written		
		on the consent form [String]						
		○ yes	○no	unknown				
2.	Persona	ıl informatio	on:					
	a.	SPIDER Pse	eudonym:			[String]		
3.	b.	Date of bir	rth:			[Date, dd/mm/yy format]		
			[-235, 35,, 11,					
	c.	Birth sex:				[Radio button, one selection]		
	•	() Female	2			[a		
		_	ermined	Foetus (unknown)				
	Patient	_						
э.		Patient's s	tatus.			[Padia button and calcution]		
	a.		tatus:	∩ n 1		[Radio button, one selection]		
		Alive	f -11 (Dead				
		_		Opted-out				
			ınswer questi	ion 3b)		21 11/2 / 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	b.	Date of de	eatn:		ון	Date, dd/mm/yy format; at/after DoB]		
4.	Care pa							
	a.	Date of fire	st contact wi	th specialised centre:	[[Date, dd/mm/yy format; at/after DoB]		

5.	Disease	history:					
	a.	Moment of onset (at which symptoms/signs first appeared):	[Radio button, one selection]				
		○ Antenatal ○ At birth					
		(If after birth, answer question 5b)					
	b.	Date of onset:	[Date, dd/mm/yy format; at/after DoB]				
	c.	Is there a diagnosis?	[Radio button, one selection]				
		○ yes ○ no					
		(If yes, answer question 5d, f, g and h. If no, answer question 6a)					
	d.	Moment of diagnosis:	[Radio button, one selection]				
		After birth Undetermined					
		(If after birth, answer question 5e)					
	e.	Date of diagnosis:	[Date, dd/mm/yy format; at/after DoB]				
	Rare	disease's diagnosis:	[Drop-down menus with one selection each				
	f.	Workstream					
	g.	Sub-thematic area of expertise					
	h.	Rare or complex disease					
6.	Other in	nformation about diagnosis:					
	a.	Phenotype of undiagnosed case:	[String]				
		phenotype (HPO)	. 0.				
	b.	Is there a genetic diagnosis for this patient? [Ra	dio button, one selection]				
		○ yes ○ no					
		(If yes, answer question 6c)					
	c.	Genetic diagnosis retained by the specialized centre:	[String]				
		international classification of mutations (HGVS, strongly recommend	ded - see link**) /HGNC/OMIM code				
7.	Biologic	cal sample available:	[Radio button, one selection]				
		yes no unknown					
ttp://	www.orph	adata.org/cgi-bin/inc/product1.inc.php					

*: h

**: http://www.hgvs.org

***: http://www.who.int/classifications/icf/whodasii/en/



https://ec.europa.eu/health/ern_en



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http://eurogen-ern.eu/

