Region4
Genetics Collaborative

Case Enrollment Form

Inborn Errors of Metabolism – Information System (IBEM-IS)

IBEM-IS Enrolling Center (Please check the name of your center)

Illinois
- ☐ Children's Memorial Hospital
- ☐ Rush University Medical Center
- ☐ University of Illinois

Indiana
- ☐ Riley Hospital for Children

Kentucky
- ☐ University of Kentucky at Lexington
- ☐ University of Louisville

Michigan
- ☐ University of Michigan at Ann Arbor
- ☐ Wayne State

Ohio
- ☐ Akron
- ☐ Dayton
- ☐ Case Western Reserve
- ☐ Cincinnati Children's Hospital
- ☐ Columbus Children's Hospital

Wisconsin
- ☐ Medical College of Wisconsin
- ☐ Waisman Center

Minnesota
- ☐ Mayo Clinic
- ☐ University of Minnesota

Please check the time period for IBEM-IS enrollments and submit by the date indicated.

Time period for case enrollment	Please submit by:
☐ 11/01/07 - 12/31/07	02/15/08
☐ 01/01/08 - 05/31/08	07/15/08
☐ 06/01/30 - 12/31/08	02/15/09
☐ 01/01/09 - 05/31/09	07/15/09
☐ 06/30/09 - 12/31/09	0215/10
☐ 01/01/10 - 05/31/10	07/15/10
☐ 06/01/10 - 12/31/10	02/15/11
☐ 01/01/11 - 05/31/11	07/15/11
☐ 06/01/11 - 12/31/11	02/15/11
☐ 01/01/12 - 05/31/12	07/15/12

Unique IBEM-IS ID numbers of case enrollments during the above noted time period (2digFIPS/2digBirthYr/1digCenter/3digAscession)			
Example: 27079001			

Unique IBEM-IS ID numbers of case enrollments during the above noted time period (2digFIPS/2digBirthYr/1digCenter/3digAscession)			

I acknowledge that enrollment of the unique IBEM-IS ID numbers listed above are as complete as possible in the Inborn Errors of Metabolism – Information System. I understand that if the unique IBEM-IS ID numbers listed above do not include the data required for participation; reimbursement for those case entries will not be received.

_____ ____/_____/_____
Signature of person submitting form Date

_____
Printed name of person submitting form

Please submit the completed IBEM-IS Case Enrollment Form by fax or mail to:

Anne M. Jurek, PhD
Division of Epidemiology & Clinical Research
Department of Pediatrics
420 Delaware Street SE - MMC 715
Minneapolis MN, 55455
Fax: (612) 624-7147

For Reimbursement – complete instructions and the case enrollment invoice form are located on: www.region4genetics.org

This form is available at www.region4genetics.org