Document date*	(automatically generated)
Country and center of inclusion*	(D)enmark: (K)øge / (S)ilkeborg (F)rance: (A)miens (G)ermany: (D)resden / (H)amburg /(S)tarnberg (I)taly: L'(A)quila / (M)ilano (L)ithuania: (K)aunas (N)etherlands: (A)msterdam / (M)aastricht (P)ortugal: (P)orto (E)Spain: (T)errassa (S)weden: (L)inköping / (Ö)rebro (U)K: (E)dinburgh / (L)eeds
Date of visit*	DD-MM-YYYY
Patient number*	(Automatically generated sequence number based on country initial – center initial – number) e.g. Denmark – Koge → DK0001

INFORMED CONSENT

- Was informed consent obtained? Yes / No

  If Yes:

  - Date informed consent was signed * DD-MM-YYYY
  - Informed consent was obtained for*
    - ☐ General study participation yes / no

- ☐ Pharmacy data yes / no
- ☐ Contact for future studies yes / no

If no:

Does the patient give consent to document brief patient characteristics in the registry? Yes / No

(end of inclusion)

BRIEF PATIENT CHARACTERISTICS

- Date of birth* MM – YYYY
- Gender* male / female / other
- Ethnicity Caucasian / North-African / Negroid / Asian / Hispanic / unknown
- Type of MC* CC / LC / CCi / LCi / unspecific inflammation

Please don't forget to fill out the pathology form for every screened patient!