GO SAFE Study

DATA COLLECTION SHEET
CRF A
Registration

For patient randomization please send this form by fax at no. 0544 285330 from 9.00 to 16.00, Monday to Friday

PARTECIPATING CENTER IDENTIFICATION

Principal Investigator |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Hospital |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

City |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Fax number for registration confirmation |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Contact person name enrolling the patients:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Investigator's signature _____ Date |__|__| |__|__| |__|__|__|__|
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Patient Date of birth (dd/mm/yyyy): __ __ / __ __/__ __ __ __

Patient Sex: ☐ Male ☐ Female

Inclusion Criteria:

1. All consecutive patients, both gender, aged ≥70	Yes □	No □
2. Patients affected by solid malignancy	Yes □	No □
3. Patients undergoing elective major surgical procedures with curative or palliative intent (all major procedures including any resection, for any cancer, via any operative approach, open, laparoscopic, robotic, etc…)	Yes □	No □
4. Signed Written Informed Consent	Yes □	No □

Exclusion Criteria:

1. Patients undergoing emergent/urgent surgical procedures	Yes □	No □
2. Planned hospital stay less than 48 hours	Yes □	No □

Date informed consent was obtained (dd/mm/yyyy): |__|__| |__|__| |__|__|__|__|

To be completed by the Coordinating Center **REGISTRATION CONFIRMATION - PATIENT CODE**

Center No.	Subject No.

Date of registration |__|__| |__|__| |__|__|__|__| Signature Data Center _____
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