

# MDA2014-04-02 - Registration Payment Method Data Dictionary

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## Document Summary

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# MDA2014-04-02 - Registration Payment Method: Data Dictionary

## Section 1: Identifiers

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Class	Variable	Label	Description	Format Text
01. Principal	<b>MRNO</b>	MRNO		Char

## Section 2: Study-wide

Class	Variable	Label	Description	Format Text
01. Principal	<b>Accession</b>	Accession		Numeric
01. Principal	<b>Form</b>	Form		"Registration - Part 2"="Registration - Part 2"
01. Principal	<b>Institution</b>	Institution		"Dana Farber Cancer Institute"="Dana Farber Cancer Institute" "M. D. Anderson Cancer Center"="M. D. Anderson Cancer Center" "Thomas Jefferson University Hospital"="Thomas Jefferson University Hospital"
01. Principal	<b>Interval</b>	Interval		"Event Interval not available"="Event Interval not available"
01. Principal	<b>Interval_Date</b>	Interval Date		Numeric
01. Principal	<b>Reg_Date</b>	Registration Date		Char
01. Principal	<b>Registering_Physician</b>	Registering Physician		Char
01. Principal	<b>Trial</b>	Trial		"MDA2014-04-02"="MDA2014-04-02"

## Section 3: Registration Payment Method

Class	Variable	Label	Description	Format Text
01. Principal	<b>_3473_10105_Payment_Method</b>	Payment Method		"Managed Care/Medicare"="Managed Care/Medicare" "Medicaid"="Medicaid" "Medicare and Private Insurance"="Medicare and Private Insurance" "Medicare"="Medicare" "Private Insurance"="Private Insurance" "Unknown"="Unknown"
01. Principal	<b>_3473_10106_Payment_Selected</b>	Payment Selected		"False"="False" "True"="True"
01. Principal	<b>_3874_12276_OK_to_Bank_Samples_1</b>	OK To Bank Samples For Future Research (Description)		"No"="No" "Yes"="Yes"
01. Principal	<b>_3874_12276_OK_to_Bank_Samples_f</b>	OK To Bank Samples For Future Research		"No"="No" "Yes"="Yes"
01. Principal	<b>_3874_12277_OK_to_Contact_for_P1</b>	OK To Contact For Participation In Future Research (Description)		"No"="No" "Yes"="Yes"
01. Principal	<b>_3874_12277_OK_to_Contact_for_Pa</b>	OK To Contact For Participation In Future Research		"No"="No" "Yes"="Yes"
01. Principal	<b>_3874_12467_OK_to_Contact_for_R1</b>	OK To Contact For Results From Studies (Description)		"No"="No" "Yes"="Yes"
01. Principal	<b>_3874_12467_OK_to_Contact_for_Re</b>	OK To Contact For Results From Studies		"No"="No" "Yes"="Yes"
01. Principal	<b>_3874_14014_Use_specimen_for_ge1</b>	Use Specimen For Genetic Research (Description)		"N/A"="N/A" "No"="No" "Yes"="Yes"
01. Principal	<b>_3874_14014_Use_specimen_for_gen</b>	Use Specimen For Genetic Research		"N/A"="N/A" "No"="No" "Yes"="Yes"
01. Principal	<b>_3933_10095_Date_Informed_Consent</b>	Date Informed Consent Signed		Char
01. Principal	<b>_3933_10097_Participant_Country</b>	Participant Country Code		"USA"="USA"
01. Principal	<b>_3933_10098_Registering_Institut</b>	Registering Institution		"Dana Farber Cancer Institute"="Dana Farber Cancer Institute" "M. D. Anderson Cancer Center"="M. D. Anderson Cancer Center" "Thomas Jefferson University Hospital"="Thomas Jefferson University Hospital"

Class	Variable	Label	Description	Format Text
01. Principal	<b>_3933_10099_Registering_Consortium</b>	Registering Consortium		"TX035 (MD Anderson Cancer Center)"="TX035 (MD Anderson Cancer Center)"
01. Principal	<b>_3933_10100_Gender</b>	Gender		"Female"="Female"
01. Principal	<b>_3933_10100_Gender_Desc_</b>	Gender (Description)		"Female"="Female"
01. Principal	<b>_3933_10101_Date_of_Birth</b>	Date Of Birth		Char
01. Principal	<b>_3933_10102_Date_of_Registration</b>	Date Of Registration		Char
01. Principal	<b>_3933_10104_Ethnicity</b>	Ethnicity		"Hispanic or Latino"="Hispanic or Latino" "Not Hispanic or Latino"="Not Hispanic or Latino" "Not Reported"="Not Reported" "Unknown"="Unknown"
01. Principal	<b>_3933_10104_Ethnicity_Desc_</b>	Ethnicity (Description)		"Hispanic or Latino"="Hispanic or Latino" "Not Hispanic or Latino"="Not Hispanic or Latino" "Not Reported"="Not Reported" "Unknown"="Unknown"
01. Principal	<b>_3933_10221_Other_Method_of_Payment</b>	Other Method Of Payment		Char
01. Principal	<b>_3933_12523_Treatment_Assignment1</b>	Treatment Assignment Code TAC0 Signed Informed Consent		"Yes"="Yes"
01. Principal	<b>_3933_12523_Treatment_Assignment</b>	Treatment Assignment Code TAC0 Signed Informed Consent		"Yes"="Yes"
01. Principal	<b>_3933_14015_Version_of_Informed</b>	Version Of Informed Consent		Char
01. Principal	<b>_3933_14016_Version_Date_of_Info</b>	Version Date Of Informed Consent		Char
01. Principal	<b>_3933_9944_Visit_Date</b>	Visit Date		Char