

NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
Indian Council of Medical Research
POPULATION BASED STROKE REGISTRY (PBSR)

Registration Form to be Completed by Potential Participating Centres / Individuals

1. Name of the Institution / Health Care Facility :
 Postal Address :
 Postal Pincode :
 Telephone, FAX, e-mail :
2. Would you be willing to participate :
3. Principal Investigator :
 Co-Principal Investigator (if any) :
 Faculty in Charge (if applicable) :
 Name of Co-workers who are willing to participate :

4. Brief profile of the Institution:

	Year	2010	2011	2012
Number of In-Patient Beds		_____	_____	_____
Total Out-patient attendance		_____	_____	_____
Total Registrations		_____	_____	_____
Total Proved Cases of Stroke*		_____	_____	_____

****This item has to be completed. Only then your registration form can be further processed.***

5. Is there in-house Department of Radiology / Imaging? Yes No If no, is imaging available outside for your patients. Yes/No
 If yes in either question, please fill the section below. If no to both, go to item 6. _____
 Number of CT Scans / MRI done during the year 2012:

	Total	Stroke
CT – Head	_____	_____
MRI – Brain – Head	_____	_____
Total	_____	_____

6. Number of stroke patients treated in your institution during the year 2012 at Departments of:
 Neurology ____ Neurosurgery (SAH,ICH)____ Medicine ____ Others ____

7. One critical and important item of patient information for patients diagnosed with stroke is the correct, complete and detailed permanent residential address with duration of stay (or living) in that address. This needs to be gathered directly from the patient or patient’s representative. When can you obtain this information? *(Please tick one of the following)*.
 - i. At initial registration ____
 - ii. At the time of CT / MRI / Department of Radiology ____
 - iii. From the records (If from the records, please indicate where is the record kept? A common record section Department of Neurology____
 - iv. Department of Medicine ____
 - v. From the records of other Departments – specify____
 - vi. From general medical records____
 - vii. Through concerned clinician ____
 - viii. Other means ____
(Please specify the methodologies)

- 8.1 Maintenance of Medical Records (Please tick ✓):
- a) only In-patient records _____
 - b) both In and Out-patient records _____
 - c) no medical records _____

8.2 If you keep records for all visits, specify whether each visit has a different number or the same number _____

- 8.3 Are medical records in the form of:
- i. hard copy _____
 - ii. computerized _____
 - iii. both _____

9. Existing computer facilities – Overall: Please elaborate

Hardware – Number of servers, desktops, laptops etc with salient configuration

Software – Platforms, uses etc

Internet Connectivity

Broad Band – Overall

Broad Band for each department

Others

10. Would your Institution/Department be able to obtain the following or funds for the following items, for use in the project (Please tick ✓).

	<i>Yes/ Available</i>	<i>No</i>	<i>Required Funds</i>
i. Personal Computer	<input type="checkbox"/>	<input type="checkbox"/>	_____
ii. Independent Telephone Connection	<input type="checkbox"/>	<input type="checkbox"/>	_____
iii. Internet/e-mail Connection	<input type="checkbox"/>	<input type="checkbox"/>	_____
iv. Contingency/maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
v. Data Collation/Entry etc	<input type="checkbox"/>	<input type="checkbox"/>	_____
TOTAL			_____

11. Would your institution be able to collect data and start transmission to NCDIR for all cases of stroke registered / diagnosed / treated from 1 January 2013? Yes No

If no, when can your institute start? _____

12. Any other relevant information.

Name :

Principal Investigator :

Designation :

The above form complete in all respects may be sent to :

Office of the National Centre for Disease Informatics and Research

Nirmal Bhawan - ICMR Complex (II Floor), Poojanahalli Road, Off NH-7, Adjacent to Trumpet flyover of BIAL, Kannamangala Post, Bangalore – 562 110, Tel: 91 94490 67643, 91 94490 33748, 91 80 28467643; Fax: 91 80 28467644, E-mail: stroke@ncdirindia.org, ncdir@ncdirindia.org