

FTD Disorders Registry: Required Data Fields for Registration

Find the picture that corresponds with your registration category to view a complete list of required registration fields.

		
<h2>FTD-Diagnosed Individual</h2>	<h2>Biological Family Member</h2>	<h2>Spouse, Caregiver, or Friend</h2>
<p>Legally Authorized Representative</p> <ul style="list-style-type: none"> • First Name • Last Name • Email Address • Phone Number • ZIP/Post Code • Year of Birth • Relationship to Registrant 	<p>Registry Participant</p> <ul style="list-style-type: none"> • First Name • Last Name • Year of Birth and Birthdate • Email • Physical Address • Country • Phone Number • Diagnosis • Legal First Name at Birth • Legal Middle Name at Birth • Legal Last Name at Birth • City of Birth • Country of Birth • Physical Sex at Birth • Race 	<p>Registry Participant</p> <ul style="list-style-type: none"> • First Name • Last Name • Year of Birth and Birthdate • Email • Physical Address • Country • Phone Number • Diagnosis • Legal First Name at Birth • Legal Middle Name at Birth • Legal Last Name at Birth • City of Birth • Country of Birth • Physical Sex at Birth • Race
<p>Registry Participant</p> <ul style="list-style-type: none"> • First Name • Last Name • Year of Birth and Birthdate • Email • Physical Address • Country • Phone Number • Diagnosis • Legal First Name at Birth • Legal Middle Name at Birth • Legal Last Name at Birth • City of Birth • Country of Birth • Physical Sex at Birth • Race 	<p>FTD-Diagnosed Relative</p> <ul style="list-style-type: none"> • Legal First Name at Birth • Legal Middle Name at Birth • Legal Last Name at Birth • City of Birth • Country of Birth • Physical Sex at Birth • Birthdate • Diagnosis • Relationship to Registrant • Current Life Status 	<p>FTD-Diagnosed Loved One</p> <ul style="list-style-type: none"> • Legal First Name at Birth • Legal Middle Name at Birth • Legal Last Name at Birth • City of Birth • Country of Birth • Physical Sex at Birth • Birthdate • Diagnosis • Relationship to Registrant • Current Life Status
<p>Caregiver</p> <ul style="list-style-type: none"> • First Name • Middle Name (if applicable) • Last Name • Email Address • ZIP/Post Code • Year of Birth • Relationship to Registrant 	<p style="text-align: center;">Join the Registry. Tell your story. Advance the science.</p>	

FTD Disorders Registry LLC
2700 Horizon Dr., Suite 120
King of Prussia, PA 19406
888-840-9980
manager@FTDregistry.org

 www.facebook.com/EndFTDregistry

 www.linkedin.com/company/ftd-disorders-regist

 @EndFTDregistry

 bit.ly/YouTubeFTDregistry