

Patient Label

Texas Children's Hospital-Cancer Center and Hematology Services

Because we are receiving federal support for research and are applying for more federal support, we need to know the race and ethnicity of our patients. In order to collect these data, we request that you provide the following information.

Please complete **BOTH** Section 1 **and** Section 2:

SECTION 1

Do you consider yourself to be Hispanic, Latino or of Spanish Origin (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

- Hispanic, Latino, or of Spanish origin.

- Not Hispanic, Latino, or of Spanish origin.

SECTION 2

What race do you consider yourself to be? Please select **one or more** of the following:

- American Indian or Alaska Native* - A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.

- Asian* - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies)

- Black, or African American* – A person having origins in any of the black racial groups of Africa.

- Native Hawaiian or Other Pacific Islander* – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- White* – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

- Check here if you do not wish to provide some or all of the above information.

Thank you for taking time to complete this questionnaire.