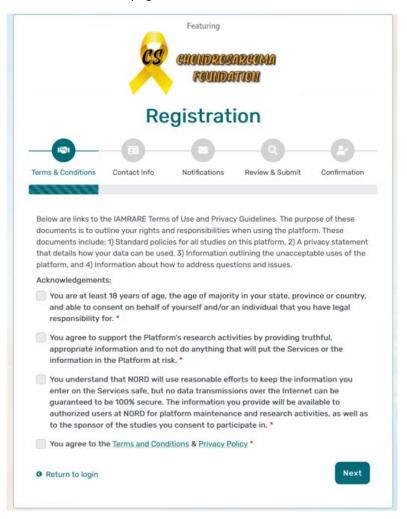


# **Chondrosarcoma Patient Registry User Guide**

## **Register for an Account**

• Step 1: Read the Terms and Conditions and Privacy Policy and attest to the statements provided. When you are finished with this page, click "Next".



1779 MASSACHUSETTS AVENUE NW, SUITE 500 WASHINGTON, DC 20036 T 202-588-5700 • F 202-588-5701 55 KENOSIA AVENUE DANBURY, CT 06810 T 203-744-0100 **E** F 203-263-9938 1900 CROWN COLONY DRIVE, SUITE 310 QUINCY, MA 02169 T 617-249-7300 ■ F 617-249-7301

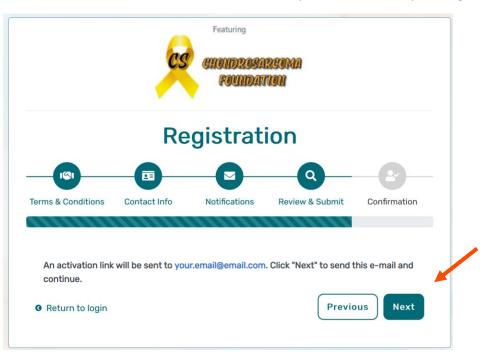
rarediseases.org • orphan@rarediseases.org

• Step 2: Enter your personal information in the spaces provided. When you are finished with this page, click "Next".

		Featuring		
	CS		DGARCOMA DATUON	
	Re	gistra	tion	
			Q	-8
Terms & Conditions	Contact Info	Notifications	Review & Submit	Confirmation
Country of Reside	ence *	Loot	Name *	v
First Name *	ence *		Name •	~
	ence *		Name *	v
First Name •	ence *			~

• Step 3: Select whether you are interested in being contacted by NORD regarding available studies. When you are finished with this page, click "Next".

		CHONDROSA FOUNDAN		
	Re	gistrat	ion	
		-0-	Q	-0-
Terms & Conditions	Contact Info	Notifications	Review & Submit	Confirmation
I am interested in O Yes O No	NORD contacting	me regarding avai	lable studies. *	
Return to login			Previo	ous Next

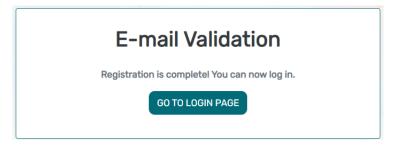


• Step 4: Select "Next" so that an activation link is sent to your e-mail to complete registration.

• Step 5: Click the link you are sent via e-mail. Please check your Spam folder if you do not see the e-mail. You will be taken to the following screen in a new tab within your browser. Set your password and click "Submit".

Your e-mail your.email@email.com has been successfully validated Please create your password below.				
Password				
Password				
A password must be at least 8 characters long:	:			
- contain 1 uppercase letter	:			
- contain 1 lowercase letter				
- contain 1 digit - not contain text from top 1000 commonly used passwords				
Repeat Password				
Repeat Password				
SUBMIT				

• Step 6: Your validation is now complete. Select "Go to Login Page".

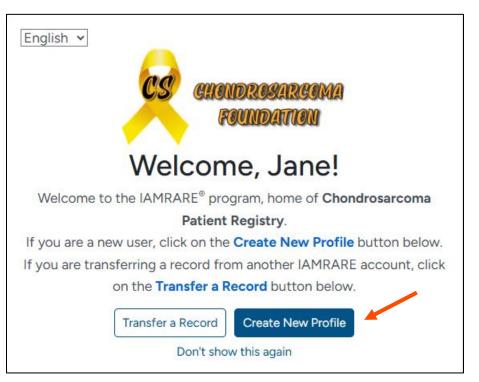


• Step 7: Log in using your new e-mail and password.

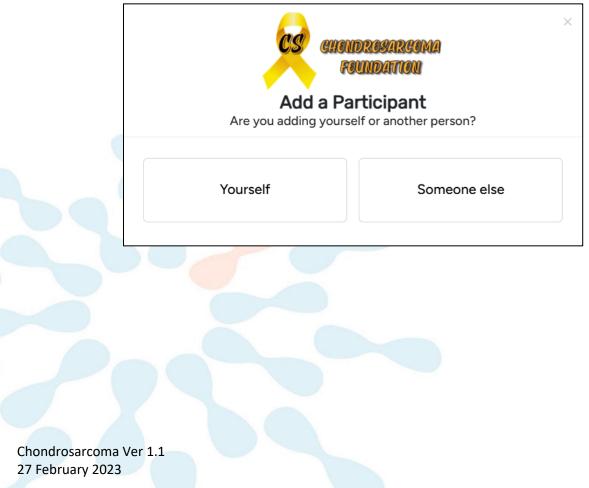
.,	
e-mail	
password	
Keep me logged in	
•)	LOGIN
▲ Forgot Password	+ Create an Account
By logging in, you agree to NORD's <u>Priva</u>	icy Policy & Terms and Conditions
Fea	aturing
	INDROSARGOMA ROUNDATION

## Add a Participant

• Step 1: To start, click Create new profile.



• Step 2: Select who you will be providing information about.

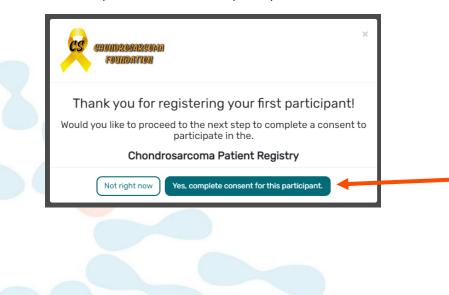


• Step 3: Fill out the Participant's information.

Add Participant	×
Who Is Being Added as a Participant? ①	Self Other
Preferred First Name *	Current Last name *
Preferred First Name	Current Last Name
First Name on Birth Certificate *	Middle Name on Birth Certificate *
First Name on Birth Certificate	Type 'NA' if none
Last Name on Birth Certificate *	Date of Birth * ③
Last Name on Birth Certificate	mm/dd/yyyy
Sex Recorded on Birth Certificate * ③	
Country of Residence * ③	State/Province/Region of Residence * 🕥
· · · · · · · · · · · · · · · · · · ·	State/Province/Region
Country of Birth *	City/Municipality of Birth *
×	City/Municipality of Birth
What Is Your Relationship to ? * ③	
· · · · · · · · · · · · · · · · · · ·	

## **Consent to the Study**

• Step 1: Click on "Yes, complete consent for this participant."



• Step 2: Scroll down and read through the consent form thoroughly. Once you finish reading, click the "Next" button.

e Smith	Consent to Chondrosarcoma Patient Registry
onsent Overview	
ose eligible to participate in our study include:	
articipant: An individual diagnosed with chondrosarcoma who is at lea	ast 18 years of age, the age of majority in their state, province or country, and able to provide consent for themself.
agally Authorized Representative: an individual (such as a family mem o contribute their own data. This individual must also be at least 18 yea	ber or guardian) who is legally responsible for the healthcare of the Study Participant who is a minor (child under the age of 18) or an adult who is unable
	ndividual who passed away from chondrosarcoma, defined as a spouse, parent, sibling, offspring, close relative, close friend, guardian and/or significant
her of the individual who had chondrosarcoma and who had knowled	Ige and participated in their medical care. This individual must also be at least 18 years of age and the age of majority in their state, province or country.
	Next
e Smith	Consent to Chondrosarcoma Patient Registry
About the Participant	
1. Is the Participant living? *	
Yes	
No No	
	Previous Next
ie Smith	Consent to Chondrosarcoma Patient Registry
Consent for a Person with a Legally Authoriz	ed Representative (Caregiver)
Consent for a Person with a Legally Authoriz	
Consent for a Person with a Legally Authoriz Consent to Participate in the Chondrosarcom Title: Chondrosarcoma Patient Registry	ed Representative (Caregiver)
Consent for a Person with a Legally Authoriz Consent to Participate in the Chondrosarcom Title: Chondrosarcoma Patient Registry Principal Investigator: Jeffrey T. Kramer, M.S.	ed Representative (Caregiver)
Consent for a Person with a Legally Authoriz Consent to Participate in the Chondrosarcom Title: Chondrosarcoma Patient Registry Principal Investigator: Jeffrey T. Kramer, M.S. Phone: 301-352-3042 / 301-404-7100	ed Representative (Caregiver)
Consent for a Person with a Legally Authoriz Consent to Participate in the Chondrosarcom Title: Chondrosarcoma Patient Registry Principal Investigator: Jeffrey T. Kramer, M.S. Phone: 301-352-3042 / 301-404-7100	ed Representative (Caregiver)
Consent for a Person with a Legally Authoriz Consent to Participate in the Chondrosarcom Title: Chondrosarcoma Patient Registry Principal Investigator: Jeffrey T. Kramer, M.S. Phone: 301-352-3042 / 301-404-7100 Email: Info@csfshayna.org	ed Representative (Caregiver)
Consent for a Person with a Legally Authoriz Consent to Participate in the Chondrosarcom Title: Chondrosarcoma Patient Registry Principal Investigator: Jeffrey T. Kramer, M.S. Phone: 301-352-3042 / 301-404-7100 Email: info@csfshayna.org Sponsor: Chondrosarcoma CS Foundation, Inc.	ed Representative (Caregiver)
Consent for a Person with a Legally Authoriz Consent to Participate in the Chondrosarcom: Title: Chondrosarcoma Patient Registry Principal Investigator: Jeffrey T. Kramer, M.S. Phone: 301-352-3042 / 301-404-7100 Email: Info@cafshayna.org Sponsor: Chondrosarcoma CS Foundation, Inc. Key Information You are invited to take part in a research study for individuals with ch	ed Representative (Caregiver) a Patient Registry and to Allow Data to be Shared for Future Research
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Title: Chondrosarcoma Patient Registry Principal Investigator: Jeffrey T. Kramer, M.S. Phone: 301-352-3042 / 301-404-7100 Email: Info@csfshayna.org Sponsor: Chondrosarcoma CS Foundation, Inc. Key Information You are invited to take part in a research study for individuals with che e-mail the study staff at the contacts above if you have any other que Things you should know: We are doing this research to gain a better understanding of chondro If you choose to participate on behalf of the study Participant, their sympto	ed Representative (Caregiver) a Patient Registry and to Allow Data to be Shared for Future Research ondrosarcoma on behalf of the person in your care. We hope that this form will help you decide whether or not to participate, but you can also call or estions. searcoma and its course and pace over time.
Consent for a Person with a Legally Authoriz Consent to Participate in the Chondrosarcom Title: Chondrosarcoma Patient Registry Principal Investigator: Jeffrey T. Kramer, M.S. Phone: 301-352-3042 / 301-404-7100 Email: info@cafshayna.org Sponsor: Chondrosarcoma CS Foundation, Inc. Key Information You are invited to take part in a research study for individuals with ch e-mail the study staff at the contacts above if you have any other que Things you should know: We are doing this research to gain a better understanding of chondro If you choose to participate on behalf of the study Participant in your once a year. We will ask questions about the participant, their symptor You may feel uncomfortable answering some of the questions. There very small. Participating in our study may not help the Study Participant directly,	ed Representative (Caregiver) a Patient Registry and to Allow Data to be Shared for Future Research ondrosarcoma on behalf of the person in your care. We hope that this form will help you decide whether or not to participate, but you can also call or estions. searcoma and its course and pace over time. r. care, you will be asked to complete surveys about their journey with chondrosarcoma. You will enter their information into online surveys at least mes and treatments. This will take approximately 60 minutes.
Consent for a Person with a Legally Authoriz Consent to Participate in the Chondrosarcom Title: Chondrosarcoma Patient Registry Principal Investigator: Jeffrey T. Kramer, M.S. Phone: 301-352-3042 / 301-404-7100 Email: info@cafshayna.org Sponsor: Chondrosarcoma CS Foundation, Inc. Key Information You are invited to take part in a research study for individuals with ch e-mail the study staff at the contacts above if you have any other que Things you should know: We are doing this research to gain a better understanding of chondro If you choose to participate on behalf of the study Participant in your once a year. We will ask questions about the participant in your You may feel uncomfortable answering some of the questions. There very small. Participating in our study may not help the Study Participant directly, participating in the study.	ed Representative (Caregiver) a Patient Registry and to Allow Data to be Shared for Future Research ondrosarcoma on behalf of the person in your care. We hope that this form will help you decide whether or not to participate, but you can also call or estions. varacoma and its course and pace over time. r care, you will be asked to complete surveys about their journey with chondrosarcoma. You will enter their information into online surveys at least mess and treatments. This will take approximately 60 minutes. is a risk to the Study Participant's privacy if the data is disclosed or misused. However, the registry is designed to make the chance of this happening

• Step 3: Once you click "Next" and reach the Authorization form, read through the statements thoroughly. If you are comfortable consenting to participate in the study, please read each statement and authorize your consent. After checking the boxes, click "Next."

Consent to <b>Chondrosarcoma Patient Registry</b> Jane Smith	×
Authorization	
The following statements are intended to: • Make sure that you have had the time and opportunity to consider whether you and the Study Participant want to participate in this registry; • Have had your questions answered; and • Agree to participate in the study as described.	
You will be asked to acknowledge: • That you have read the consent form and have no further questions about the registry and the Study Participant's participation; • That you wish to provide the Study Participant's personal data to the registry for the purposes of the Study; • That you allow for this data to be used for future research; • That you are of legal age.	
This is a web-based form. Your digital signature is the same as if you had signed your name to a paper document. By answering "Yes" to all of the following statements, you are giving your consent to participate in the Chondrosarcoma Patient Registry on behalf of the Study Participant. After signing, a copy of the consent form will be e-mailed to you. If you cannot comfortably answer "Yes" to these statements, please do not check the consent boxes in the following section.	
I have read this Consent and Authorization Form to provide the Study Participant's personal and medical data to be shared for the purpose of research. All my questions about the Chondrosarcoma Patient Registry have been answered to my satisfaction, and I understand the purpose of the registry and the risks of participation.	
I wish to provide the Study Participant's research data to the Chondrosarcoma Patient Registry for the purposes described above under Study Aims.	
I wish to provide the Study Participant's research data to the Chondrosarcoma Patient Registry for future research within recognized ethical standards for scientific research, as described under How We Use Your Data.	
Previous Neut	

• Step 4: Once you click "Next" and reach the Thank You page, click "Continue to Opt-Ins".

Jane Smith			×
Thank You You have completed the consent. You are now ready to take surveys and participate within the study. Thank you.			
	Previous	Continue to Opt-Ins	

• Step 5: Once you click "Continue to Opt-Ins" read through the opt-ins thoroughly. If you would like to receive information about the topic, check the box, and click "Save and Review".

Opt-Ins for Chondrosarcoma Patient Registry	$\times$
Select Opt-Ins for this study	
<ul> <li>Interest in hearing about other studies from Chondrosarcoma CS Foundation, Inc.</li> <li>Interest in hearing about relevant clinical trials</li> <li>Interest in donating specimens or DNA (biobanking) for future research</li> <li>Interest in genetic testing</li> <li>Interest in learning more about Chondrosarcoma CS Foundation, Inc.</li> </ul>	
Save and Revie	ew

• Step 6: Once you've reviewed your consent, click "Close". You will then have access to start taking surveys.

## **Taking Surveys**

• Step 1: Click on your Participant.

IAMRARE®	n Home	Help	🏟 Settings	۰	Hi, Jane! 🔫
Good Afternoon, Jane! Member since Mar 28, 2025				+ Ad	dd Participant
Participants Select a participant to view their studies. Click on the "Add Participant" button above to add a participant.			<ul> <li>Shortcuts</li> <li>→</li> <li>equest Transfer</li> </ul>	Co	ाङी nsent/Opt-Ins
谷 1 pending surveys			Notification		

• Step 2: Click on the appropriate study.

⊙ Back to participant list	
Jane Smith V 2 5-May-2000	€ Search Studies
Click a study to see the list of surveys. Click the i icon to see more information about the above to find additional studies.  Click a study to see the list of surveys. Click the i icon to see more information about the above to find additional studies.  Click a study to see the list of surveys. Click the i icon to see more information about the above to find additional studies.  Click a study to see the list of surveys. Click the i icon to see more information about the above to find additional studies.  Click a study to see the list of surveys.  Click the i icon to see more information about the above to find additional studies.  Click a study to see the list of surveys.  Click the i icon to see more information about the above to find additional studies.  Click a study to see the list of surveys.  Click the i icon to see more information about the above to find additional studies.  Click a study to see the list of surveys.  Click the i icon to see more information about the above to find additional studies.  Click a study to see the list of surveys.  Click the i icon to see more information about the above to find addition.  Click the i icon to see more information above to find addition.  Click the i icon to see more information above to find addition.  Click the i icon to see more information above to find addition.  Click the i icon to see more information above to find addition.  Click the icon to see more information above to find addition.  Click the icon to see more information above to find addition.  Click the icon to see more information above to see more	the study. Click "Search Studies" Consent/Opt-Ins 수값 Notifications (0) No new notifications.

• Step 3: Click "Take Survey" for an available survey.

Chondrosarcom	a Patient Registry			
Surveys 🕌 1pe		All (1)	Complete (0)	Pending (1)
0% Getting Not Sta	g Started r <del>ted</del>		🖉 Take S	Survey

#### **View Responses and Reports**

• Step 1: Once you have submitted a survey, you are able to view your responses to that survey as well as the graphs for any questions that are programmed to show graphs. Click "View Responses" to see your completed survey. Click "Reports" to see any available graphs.

Jane Smith V 2 5-May-2000	
Chondrosarcoma Patient Registry Surveys 🏾 🏾 🇯 15 pending	All (16) Complete (1) Pending (15)
Getting Started Completed on 28-Mar-2025	© View Responses ① └── Reports

#### **View Consent and Opt-Ins**

• Step 1: Once you have consented to the study, you are able to view your consent at any time. Navigate to the Enrolled Studies page. Then, click "Consents/Opt-Ins" to see your consent and opt-ins.

Jane Smith · C 5-May-2000		Search Studies out searching for studies
Enrolled Studies	@ Shortc	uts
Click a study to see the list of surveys. Click the () icon to see more information about the study.	$\overrightarrow{\rightarrow}$	1 SI
Click "Search Studies" above to find additional studies.	Request	Consent/Opt-

# • Step 2: You may revoke your consent at any time by clicking "Revoke". You may also edit your Opt-Ins by clicking "Opt-Ins".

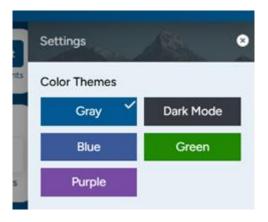
€ Back to participant list			
Jane Smith 🖌 🖉 5-May-2000			
쑴 Consents/Opt-Ins			11
Study Name	Consent Status	Consented On	Actions
Chondrosarcoma Patient Registry	$\checkmark$ Consented	28-Mar-2025	Ø View Consent     Ø Revoke

## **Dark Mode Settings**

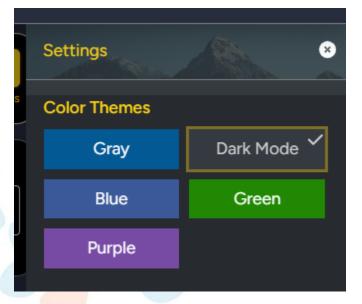
• Step 1: You can view the platform in Dark Mode. First, click Settings.



• Step 2: Select Dark Mode.



• Step 3: Exit the Settings menu, and your selection will be saved.



## **Display Settings**

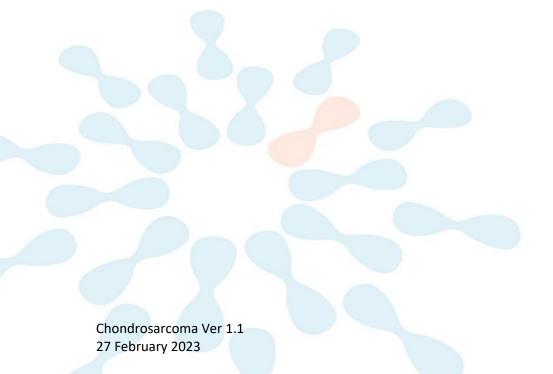
• Step 1: You can change the platform display settings. First, click Settings.



• Step 2: Select a color theme, a font size, or language preference.

٦	Settings	Da			*
nts	Color Theme	s			
1	Gray	~	Da	ark Mode	
1	Blue			Green	
s	Purple				
	Font Size				
l	Small	Med	dium	Large	
	Language Pr	eferei	nce		
	English	Esp	añol	Françai	S

• Step 3: Exit the Settings menu, and your selection will be saved.



## **Microsite Visibility**

• Step 1: You can change how you view the microsite (chondrosarcoma.iamrare.org) using an Accessibility menu. Click the icon of a person at the bottom of the screen. You are able to change the settings such as the contrast, text sizing, and text spacing.

 $(\mathbf{\hat{r}})$ 

For Patients Get Involved Information collected during this study may be used to help provide spoportunities for patients and researchers to collaborate in the rare disease community. LEARN MORE	For Researchers Drive Research This is a unique rare disease patient registry. Are you interested in using our data to further your rare disease research? LEARN MORE		
	Accessibility Menu (Cl How User Oversized Widget		
	Orenzed muger	C=) Highlight Links	
	T T Bigger Text	€···•) Text Spacing	
	Survey Pause Animations	Hide Images	
	Df     Dyslexia Friendly	Cursor	
	Tooltips	1 Une Height	
	=	۵	

#### **Need Assistance?**

- Step 1: If you need help while using the platform, click Help.
- Step 2: Select an Inquiry Type and type a message.

<b>A</b> H	ome O Help
Have a question?	×
Please enter your message below and	f click
submit. We will be in touch shortly. W	le cannot
provide medical advice or answer spi	
medical questions - to find out about	resources
to support people with your rare dise	
visit the NORD website at rarediseas	es.org.
Inquiry Type *	
Select Inquiry Type	*
Message *	
Your message	
Cancel Sub	mit.

- Step 3: Click Submit.
- You may also contact the study sponsor directly by using the contact information shown on your dashboard or the study website.

© View Responses ① └~ Reports	Chondrosarcoma CS Foundation, Inc.
🖉 Take Survey	Contact Phone Jeffrey Kramer 301-352-3042 E-mail
-	info@csfshayna.org IRB E-mail info@northstarreviewboard.org
	Social Media Image: Social Media Image: Social Media Image: Social Media