

Adding a New Participant to Your Account

OPTION 1: If you only selected “Patient” when you created your HIGR account.

You will not yet have the ability to add another Participant to your HIGR account.

Email us at info@higlobalregistry.org and we can edit your permissions to add a Participant to your account.

Please review each type of account below and select the one (or multiple, if applicable) that describes **YOU**, the **person creating the account**:

Patient

Select this option if you:

- Have been diagnosed with HI or an HI-related condition
- Have suspected or unconfirmed HI or an HI-related condition
- Were previously diagnosed with HI or treated for HI but your disease is now resolved/cured

Caregiver

Select this option if you are the caregiver of a person with HI or an HI-related condition (diagnosed, suspected, or resolved) and:

- You want to provide information on behalf of a child with HI or an adult who does not have the capacity to consent for themselves
OR
- The person you care for is an adult with their own HIGR account and you only want to complete the caregiver surveys

OPTION 2: If you selected “Caregiver” when you created your HIGR account.

Follow the instructions below to add a Participant to your account.

Please review each type of account below and select the one (or multiple, if applicable) that describes **YOU**, the **person creating the account**:

Patient

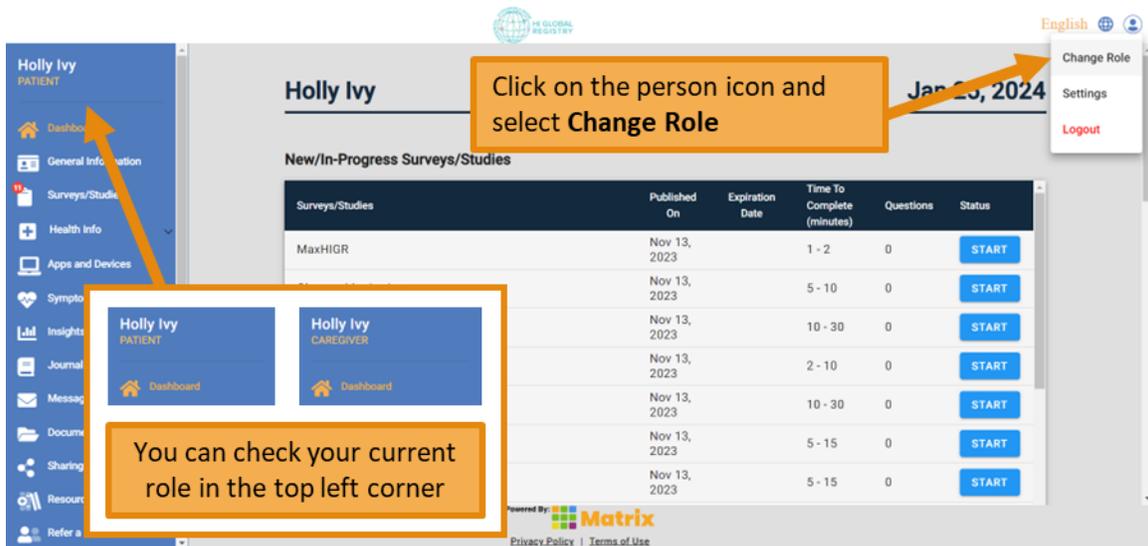
Select this option if you:

- Have been diagnosed with HI or an HI-related condition
- Have suspected or unconfirmed HI or an HI-related condition
- Were previously diagnosed with HI or treated for HI but your disease is now resolved/cured

Caregiver

Select this option if you are the caregiver of a person with HI or an HI-related condition (diagnosed, suspected, or resolved) and:

- You want to provide information on behalf of a child with HI or an adult who does not have the capacity to consent for themselves
OR
- The person you care for is an adult with their own HIGR account and you only want to complete the caregiver surveys



Holly Ivy PATIENT Jan 25, 2024

New/In-Progress Surveys/Studies

Surveys/Studies	Expiration Date	Time To Complete (minutes)	Questions	Status
MaxHIGR				START
Glucose Monitoring		5 - 10	0	START
Diagnosis		10 - 30	0	START
Other Medical Conditions	2023	2 - 10	0	START
Medication Management	Nov 13, 2023	10 - 30	0	START
Diet and Feeding Management	Nov 13, 2023	5 - 15	0	START
Development	Nov 13, 2023	5 - 15	0	START

Change User Role

CAREGIVER ← Select CAREGIVER

PATIENT

CANCEL

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Holly Ivy CAREGIVER

My Patients

ADD PATIENT ← Click ADD PATIENT to add a new person with HI to your account

CONGENITAL HYPERINSULINISM HI GLOBAL REGISTRY

As a Caregiver, you currently have no patients associated with your account.
To get started, please select the ADD PATIENT button above to begin adding and associating Patients to your Caregiver account.

Items per page: 5 0 of 0

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Holly Ivy CAREGIVER

My Patients

ADD PATIENT

Add New Patient

User Role* Patient

First Name* Henry Last Name* Ivy

Associate to Caregiver* Holly Ivy

E-mail*

Enter the name of the person with HI, then click SAVE

CANCEL SAVE

Items per page: 5 0 of 0

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English

HI GLOBAL REGISTRY

Biological Sex at Birth* Female Gender Identity* Woman (or

Birthplace: Country* United States Birthplace: State* NJ

HOLLY IVY

Terms of Use ✓

CAREGIVER PARTICIPANT

Caregiver Informed Consent ✓

General Information

PATIENT PARTICIPANT

Patient Informed Consent ✓

General Information ✓

Associated Patient Information

Name of Patient	What is YOUR relationship TO the person you are enrolling?	Are you biologically related to the person you are enrolling?
Ivy, Henry	Relationships (Select all that ap...)	Biological Relationship*

Required field. Please enter your Relationship. Required field. Please enter your Relationship.

CANCEL SAVE

PREVIOUS NEXT

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English

HI GLOBAL REGISTRY

Henry Ivy

As Caregiver for the patient above, please complete our Informed Consent below:

Please indicate the option below that applies to you. *

I am a parent/guardian providing parental permission on behalf of my child in this study, and for myself to complete caregiver surveys.

I am a legally authorized representative or parent/guardian providing permission for an adult Participant who does not have the capacity for consent to participate in this study, and for myself to complete caregiver surveys.

PREVIOUS NEXT

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PATIENT PARTICIPANT

- Patient Informed Consent ✓
- General Information ✓
- Contact Information and Demographics ✓
- Genetic Test Upload ✓

Complete the remainder of the forms for the new participant. These are the same as the ones you already completed for yourself / other participants.