

We have been asked to assist UT Health Science Center in collecting patient data to be used when applying for research programs, grants and other Federal programs.

This information will be used for reporting; however, no personal information such as your name, social security number, date of birth, etc. will be used.

Please take a moment to check the following choices (one per group)that you feel best represents you. These choices match the US Census Bureau.

	RACE	
[]	White or Caucasian	
[]	Black or African-American	
[]	American Indian or Alaska Native	
[]	Asian	
[]	Native Hawaiian and Other Pacific Islander	
[]	Other	
[]	Unknown	
[]	I choose not to provide this information	
	ETHNICITY	
[]	African-American	
[]	Asian-American	
[]	Caucasian	
[]	Hispanic or Latino	
[]	Non-Hispanic or Non-Latino	
[]	Other	
[]	Unknown	
[]	I choose not to provide this information	Patient Label
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