

General Details	
E	
Family Name	
First Name	Patient ID
Previous Name/s	YCTR ID
Date Of Birth	NYKIT ID
Ethnicity Refer to list	Twin 1 Yes, 2 No, 9 Unknown
Religion	POG 1 Yes, 2 No, 9 Unknown
Sex 1 Male, 2 Female, 3 Ambiguous, 9 Unknown	TCT 1 Yes, 2 No, 9 Unknown
NHS Number	Date Of Death
Date Collected	Post Mortem 1 Yes, 2 No, 9 Unknown
Address	
Address 01	Address 03
Postcode	Postcode
Date	Date
At Diagnosis	At Diagnosis
Address 02	Address 04
'	
Postcode	Postcode
Date	Date
At Diagnosis	At Diagnosis
Page 1 of 5	Collection Form Version 1.01



		Patient ID	
Diagnostic Details			
Diagnosis - In w	ords		
Pathology		Date Of Diagnosis	
Morphology ICDO3	M / /	Basis	Refer to: List 1
Topography ICDO3	C .	White Cell Count	x10^9 g/litre
Stage		Height (cm) *	
Cytogenetics		Weight (kg) *	
		Values at or around diagnosis	
L ist 1: 1- Clinical Only (Evidence, 5 - Hospital V	No Histopath/Haematol), 2 - Cancer Register Only, 3 - Vith Haematol + Histopath, 6 - Consensus Diagnosis, 7	Hospital With Haematological Evidence - MRE/CT Scan/Radiology, 9 - Unknov	e, 4 - Hospital With Haemotological vn
Surgery Details			
Operation 01		Operation 02	
OPCS Code		OPCS Code	
Date		Date	
Outcome	Refer to: List 2	Outcome	Refer to: List 2
Operation 03		Operation 04	
OPCS Code		OPCS Code	
Date		Date	
Outcome	Refer to: List 2	Outcome	Refer to: List 2

List 2: 1 - Biopsy Only, 2 - Partial Removal, 3 Total Removal (Clinical), 4 Total Removal (Histo Confirmed), 9 Not Known



Chemotherapy	Pa	atient ID	
Regimen 01			
Date Started	Drug 1		
Trial	Drug 2		
Trial Arm	Drug 3		
	Drug 4		
Regimen	Drug 5		
Chemotherapy Details	Drug 6		
	Drug 7		
	Drug 8		
Regimen 02	Drug 1		
Trial	Drug 2		
Tital	Drug 3		
Trial Arm	Drug 4		
Regimen	Drug 5		
Chemotherapy Details			
	Drug 6		
	Drug 7		
	Drug 8		
Regimen 03			
Date Started	Drug 1		
Trial	Drug 2		
Trial Arm	Drug 3		
	l Drug 4		
Regimen	Drug 5		
Chemotherapy Details	Drug 6		
	Drug 7		
	Drug 8		



Radiotherapy				Pat	tient ID	
Radiotherapy 01						
Date				Total Dose		
Site Code				Site Description		
Gray				Curative		1 Yes, 2 No, 9 Unknown
In Fractions				Completed		1 Yes, 2 No, 9 Unknown
Radiotherapy 02						
Date				Total Dose		
Site Code				Site Description		
Gray				Curative		1 Yes, 2 No, 9 Unknown
In Fractions				Completed		1 Yes, 2 No, 9 Unknown
Hospital						
Hospital 01						
Hospital						
Unit Number	Treati	ng?	1 Yes, 2 No, 9 Unknown	Consult	tant	
Hospital 02						
Hospital						
Unit Number	Treati	ng?	1 Yes, 2 No, 9 Unknown	Consult	ant	
Hospital 03						
Hospital						
Unit Number	Treati	ng?	1 Yes, 2 No, 9 Unknown	Consult	ant	
Hospital 04						
Hospital						
Unit Number	Treati	ng?	1 Yes, 2 No, 9 Unknown	Consult	tant	



Relapse			Patient ID	
Relapse 01 Date of Relapse		Site of Relapse		
Relapse 02 Date of Relapse		Site of Relapse		
Relapse 03 Date Of Relapse		Site of Relapse		
Relapse 04 Date Of Relapse		Site of Relapse		
Follow Up				
Follow Up 01 Date Last Seen		Details		
Follow Up 02 Date Last Seen		Details		
Follow Up 03 Date Last Seen		Details		
Follow Up 04 Date Last Seen		Details		
Supporting Infor	mation			