

Multi-Study Cancer Reporting Form (Form 26)

For Viral Epidemiology Branch Studies

1. STUDY ID:

2. SUBJECT ID:

3. FORM 26 COMPLETION DATE: - -
M M D D Y Y Y Y

4. DATE CANCER REPORTED TO RTI: - -
M M D D Y Y Y Y

5. NOTIFICATION SOURCE: Study Data Collection Form 01
Phone Call 02
Death Certificate 03
Site Visit 04
Other: _____ 05

6. CONFIRMATION CATEGORY: Ruled Out 00 -> 12
Non-specific/Unverified by Center 01
Verbal/Written Confirmation by Center 02
Document/Confirmed by Path/PM/Other Report 03

7. DIAGNOSIS: _____

8. DIAGNOSIS DATE: - -
M M D D Y Y Y Y

9. CANCER TYPE: Primary 01
Metastatic 02
Unknown 03

10. ICD-O CODE: C .

11. AIDS DEFINING?: Yes 01
No 02
Unknown 03

12. SUPPORTING DOCUMENTATION: Received/On File 01
Requested 02
Not Available 03

13. DOCUMENTATION TYPE: Pathology Report 01
Post-mortem/Autopsy Report 02
Radiology Report 03
Other: _____ 04

14. WAS CANCER TREATED?: Yes 01
No 02
Unknown 03

15. DID CANCER RESPOND TO Rx?: Yes 01
No 02
Unknown 03

16. CASE CLOSED TO FOLLOW-UP?: Yes 01
No 02

17. PATHOLOGY REPORT NUMBER: _____

18. TISSUE SAMPLE ID: