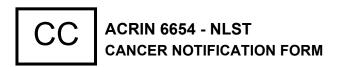


Place Label Here				
Institution	Institution No			
Participant Initials	Case No			

This form is completed when the study site is notified of a cancer diagnosis outside the Follow-up Form. Complete one (1) CC Form per reported cancer. The CC Form is completed by the site RA and submitted via mail/fax (215) 717-0936.

1.	Reported cancer: (check only one) [1] Lung cancer Other cancer, specify: [2]	
2.	Date of cancer diagnosis: 20 (mm-dd-yyyy); use 99 for unknown date fields [3,4,5]
3.	Method of cancer notification: (check all that apply) Participant [6] Relative, spouse, or friend [7] Provider [8] Medical record (other than death certificate) [9] Other, specify: [10, 11]	
abs	cancer notifications (CC, Follow-up Form, death certif traction for DE Form completion. Obtain provider info sible, and document on page 2.	
		20
Per	son responsible for data [12]	Date form completed [13]

6654 CC 4-25-2005 1 of 2



Place Label Here					
Institution	Institution No				
Participant Initials	Case No				

Provider/Facility for cancer diagnosis:This section is provided as an optional tool to document information for purposes of obtaining medical records; this information is not submitted to ACRIN.

a.	Identify main provider or place (hospital/clinic) for cancer diagnosis / treatment:	
	Name:	
	Address:	_
	Phone:	_
b.	Identify other provider or place (hospital/clinic) for cancer diagnosis/treatment:	
	Name:	
	Address:	
	Phone:	
c.	Identify other provider or place (hospital/clinic) for cancer diagnosis/treatment: Name:	
	Address:	
	Phone:	_
Comme	ts: (site use only, not submitted to ACRIN)	
		_
		_
		_

6654 CC 4-25-2005 2 of 2