



**ACRIN 6654 - NLST
CANCER NOTIFICATION FORM**

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] _____

All cancer notifications (CC, Follow-up Form, death certificate) will require medical records collection and abstraction for DE Form completion. Obtain provider information at the time of cancer notification, whenever possible, and document on page 2.

Person responsible for data [12]

_____ - _____ - **20**_____
Date form completed [13]



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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: _____

Comments: (site use only, not submitted to ACRIN)

