

NATIONAL WILMS TUMOR STUDY

DATA AND STATISTICAL CENTER

FRED HUTCHINSON CANCER RESEARCH CENTER

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LATE EFFECTS STUDY ANNUAL STATUS REPORT

Participant Name: _____

Patient ID #: _____

Birth Date: _____

In order to maintain contact so that we may send the Physical Exam and the Medical History forms to you every five years for this study participant, we would like to have you complete and sign this status report and return it to us at your earliest convenience. Thank you for your continued participation in our study.

1. When was your last contact? _____/_____/_____

2. What was the nature of the contact?

___ Examination

___ Phone call

___ Letter

___ Follow-up from local M.D.

___ Other, please specify:

3. Please provide all known information:

Height: _____ Circle unit: cm or inches

Weight: _____ Circle unit: lb or kg

Blood pressure: _____/_____

Chest X-ray: () Not done () NEG () POS

Chest CT Scan: () Not done () NEG () POS

Abdominal ultrasound: () Not done () NEG () POS

If reporting relapse, send detailed flowsheet

4. Has this participant had any serious illnesses or other health problems since date last seen of _____?
If so, please use the space below to report each event.

Event	Date of Occurrence	Description/Outcome
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5. **Since this participant's treatment ended** has she/he experienced any significant events such as marriage, pregnancy or parenthood? If yes, please use the space below to report each event. (Use reverse side if needed.)

Event	Date of Occurrence	Description/Outcome
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SIGNATURE: _____

Date: _____