

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: _____

NWTS # (if known): _____

In order to maintain contact so that we may send the Physical Exam and the Medical History forms to you every five years, we would like to have you complete and sign this status report at your earliest convenience and return it to us. If you would like us to send you a business reply envelope, please email us at nwtsg@fhcrc.org. If you would like to complete this report online, go to our website, www.nwtsg.org, and click on the SurveyMonkey link. Thank you for your continued participation in our study.

1. Has your name, address or telephone number changed? If so, please make corrections in the space provided.

Contact Name

Address

City, State, Zip Code

Please provide your phone number

Alternate phone # or email address?

2. Have you had any serious illnesses or conditions resulting in hospitalization, surgery or other medical treatment since you last contacted us? If so, please use the space below to report each event.

Event

Date of Occurrence

Description/Outcome/Treatment

3. **Since treatment ended or since your last report**, have you experienced any significant life events such as marriage, pregnancy or parenthood? If yes, please use the space below to report each event.

Event

Date of Occurrence

Description/Outcome

4. By signing below I authorize the staff of the National Wilms Tumor Study to continue contacting me in order to obtain further information about my medical history and progress related to my treatment for Wilms Tumor.

SIGNATURE: _____

Date: _____

Relationship to Participant: _____