Svenska barncancerregistret – VPH

Patient status - formulär

Version 20210921

Report date: | 2 | 0 |___|___|___|___|___|___|
Registered by:
Reporting clinical:
Forename:
Surname:
Date of Birth: | 2 | 0 |___|___|___|___|___|___| - |___|___|___|___|
Gender: ☐ **Female** ☐ **Male**
City:
Country:

Informed consent and biobank

Consent for the introduction of data to RADeep

☐ No ☐ Yes

Consent for the introduction of data to RADeep

☐ No ☐ Yes

Patient status

Gender

- ☐ Undertermined
- ☐ Male
- ☐ Female

Body height at registration (cm):

_____

Body weight at registration (cm):

_____

Patients care pathway

Country of living:

_____

City of living:

_____

Country of birth

_____

Mothers' country of birth:

_____

Fathers' country of birth:

_____

HCP List:

_____

Physician ID:

_____

First contact with specialized centre

- ☐ Date
- ☐ Never
- ☐ Date not available

If above answer is Date please fill in date below:

| 2 | 0 |___|___|___|___|___|___|

≥ 2 malignancies at childhood age

☐ Yes ☐ No ☐ Data missing

A parent or a sibling with cancer before 45 years of age

☐ Yes ☐ No ☐ Data missing

Parents are related

☐ Yes ☐ No ☐ Data missing

If parents are related is yes, please specify:

_____

≥2 first and second degree relatives with cancer before 45 years on same side of family

☐ Yes ☐ No ☐ Data missing

If above answer is Yes, please specify below:

_____

Comment:

_____
_____
_____
_____