

Svenska barncancerregistret – VSTB

Follow up – formulär

Version 210921

Report date: 2 0
Registered by:
Reporting clinical:
Forename:
Surname:
Date of Birth: 2 0 -
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
City:
Country:

Follow up
Date current FU 2 0
Status current FU (one option) <input type="checkbox"/> Too early for evaluation <input type="checkbox"/> Alive CR-1 <input type="checkbox"/> Alive with primary tumor <input type="checkbox"/> Alive UNS relapse not reported <input type="checkbox"/> Alive under treatment for relapse <input type="checkbox"/> Alive in CR-2 <input type="checkbox"/> Dead before CR <input type="checkbox"/> Dead in CR-1 <input type="checkbox"/> Dead after relapse(s) <input type="checkbox"/> Dead UNS relapse not reported <input type="checkbox"/> Dead progressive disease relapse not reported <input type="checkbox"/> Dead unknown reason/status <input type="checkbox"/> Lost to FU
If lost to FU, specify date 2 0
If lost to FU, please specify reason: _____
Primary event <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data missing
Event date 2 0
Type of event <input type="checkbox"/> Progression/relapse <input type="checkbox"/> Death <input type="checkbox"/> SMN <input type="checkbox"/> Other

Svenska barncancerregistret – VSTB

Follow up – formulär

Version 210921

Comment:

Follow up hospital

Follow up hospital:

Transition year

| 2 | 0 | | | | | | | | |