Enrollment Form
Testicular

Instructions: The Enrollment Form should be completed for each TCGA qualified case, upon qualification notice from the BCR. All information provided on this form should include activity from the date of initial diagnosis to the most recent date of contact with the patient ("Date of Initial Pathologic Diagnosis" and "Date of Last Contact" on this form).

Questions regarding this form should be directed to the Tissue Source Site's primary Clinical Outreach Contact at the BCR.

Please note the following definitions for the "Unknown" and "Not Evaluated" answer options on this form.

Unknown: This answer option should only be selected if the TSS does not know this information after all efforts to obtain the data have been exhausted. If this answer option is selected for a question that is part of the TCGA required data set, the TSS must complete a discrepancy note providing a reason why the answer is unknown.

Not Evaluated: This answer option should only be selected by the TSS if it is known that the information being requested cannot be obtained. This could be because the test in question was never performed on the patient or the TSS knows that the information requested was never disclosed.

Tissue Source Site (TSS): _____ TSS Identifier: _____ TSS Unique Patient Identifier: _____

Completed By *(Interviewer Name in OpenClinica)*: _____ Completed Date: _____

General Information

#	Data Element	Entry Alternatives	Working Instructions
1	Is this a prospective tissue collection?	☐ Yes ☐ No	Indicate whether the TSS providing tissue is contracted for prospective tissue collection. If the submitted tissue was collected for the specific purpose of TCGA, the tissue has been collected prospectively. 3088492
2	Is this a retrospective tissue collection?	☐ Yes ☐ No	Indicate whether the TSS providing tissue is contracted for retrospective tissue collection. If the submitted tissue was collected prior to the date the TCGA contract was executed, the tissue has been collected retrospectively. 3088528

Patient Information

#	Data Element	Entry Alternatives	Working Instructions
3*	Date of Birth	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)	Provide the date the patient was born. 2896950 (month), 2896952 (day), 2896954 (year) *Note: The day of Birth is not required.*
4*	Race	☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander: ☐ Not Evaluated ☐ Unknown	Provide the patient's race using the defined categories. 2192199 American Indian or Alaska Native: *A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.* Asian: *A person having origins in any of the original peoples of the far East, Southeast Asia, or in the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.* White: *A person having origins in any of the original peoples of the far Europe, the Middle East, or North Africa.* Black or African American: *A person having origins in any of any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."* Native Hawaiian or other Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.* Not Evaluated: *Not provided or available.* Unknown: *Could not be determined or unsure.*
5	Ethnicity	☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Not Evaluated ☐ Unknown	Provide the patient's ethnicity using the defined categories. 2192217 Not Hispanic or Latino: *A person not meeting the definition of Hispanic or Latino.* Hispanic or Latino: *A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.* Not Evaluated: *Not provided or available.* Unknown: *Could not be determined or unsure.*

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#	Data Element	Entry Alternatives	Working Instructions
6*	History of Other Malignancy	☐ Yes ☐ No	Indicate whether the patient was, at any time in their life, diagnosed with a malignancy prior to the diagnosis of the specimen submitted for TCGA. If the patient has had a prior malignancy, an additional form (the "Other Malignancy Form") must be completed for each prior malignancy. If the OMF was completed and submitted with the Initial Case Quality Control Form, the OMF does not need to be submitted a second time. 3382736 If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA. If the patient has a history of multiple diagnoses of basal or squamous cell skin cancer, complete an OMF for the first diagnosis for each of these types.
7	History of Undescended Testis	☐ Yes, left testicle only ☐ Yes, right testicle only ☐ Yes, bilateral ☐ Yes, laterality unknown ☐ No ☐ Unknown	Indicate whether the patient had a history of undescended testis. 3896542
8	If the patient had a history of undescended testis, what was the level of non-descent?	☐ Non-palpable – high ☐ Inguinal ☐ Unknown	If the patient had a history of undescended testis, indicate the level of non-descent. 3896671
9	If the patient had a history of undescended testis, was it corrected?	☐ Yes ☐ No	If the patient had a history of undescended testis, indicate whether it was corrected. 3896672
10	If the patient had a history of undescended testis and it was corrected, what age was it corrected?	☐ 2-11 months ☐ 1-2 years ☐ 3-9 years ☐ 10-14 years ☐ ≥ 15 years ☐ Unknown	If the patient had a history of undescended testis and it was corrected, indicate the patient's age when it was corrected. 3896673
11	If the patient had a history of undescended testis and it was corrected, what was the method of correction?	**Left Testicle** ☐ Spontaneous descent ☐ Orchiopexy ☐ Hormones ☐ Testis Removed ☐ Not Applicable (right only) ☐ Unknown **Right Testicle** ☐ Spontaneous descent ☐ Orchiopexy ☐ Hormones ☐ Testis Removed ☐ Not Applicable (left only) ☐ Unknown	If the patient had a history of undescended testis and it was corrected, indicate the method of correction. 3896750
12	History of Hypospadias	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had a history of hypospadias. 3896751
13	Fertility History *(Prior to Diagnosis)*	☐ Did not attempt to reproduce ☐ Fathered ≥ 1 child by natural conception ☐ Fathered ≥ 1 child by assisted reproduction ☐ Fathered ≥ 1 child by unspecified method ☐ Did NOT achieve pregnancy following ≥ 12 months of unprotected intercourse ☐ Unknown	Using the options provided, indicate the patient's fertility history prior to diagnosis. 3896771
14a	Does the patient have a family history *(blood relatives only)* of testicular cancer?	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had a family history of testicular cancer. 3896777
14b	Relationship to Blood Relative(s) with Testicular Cancer *(check all that apply)*	☐ Great-Grandfather ☐ Grandfather ☐ Father ☐ Brother ☐ Nephew ☐ Uncle ☐ Cousin ☐ Son ☐ Unknown	Indicate whether the patient had a family history of testicular cancer. 3901751
15a	Does the patient have a family history *(blood relatives only)* of other cancer?	☐ Yes ☐ No ☐ Unknown	Indicate if the patient has a family history of cancer (all cancers other than testicular cancer). 2436860

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#	Data Element	Entry Alternatives	Working Instructions
15b	Blood Relative Other Cancer History	**Relative** / **Cancer Type** Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Sister ☐ Brother ☐ Child ☐	Provide any first degree blood relatives with a known history of cancer. 2783641 Provide the cancer diagnosis of any known relatives with a history of cancer. 2195089
16*	History of Neo-adjuvant Treatment for Sample Submitted for TCGA	☐ Yes ☐ No	Indicate whether the patient received neo-adjuvant treatment (radiation, pharmaceutical, or both) prior to the collection of the sample submitted for TCGA. 3382737 Systemic therapy and certain localized therapies (those administered to the same site as the TCGA submitted tissue) given prior to the procurement of the sample submitted for TCGA are exclusionary.
17	Tumor Status *(at time of last contact or death)*	☐ Tumor free ☐ With tumor ☐ Unknown	Indicate whether the patient was tumor/disease free at the date of last contact or death. 2759550
18*	Vital Status *(at date of last contact)*	☐ Living ☐ Deceased	Indicate whether the patient was living or deceased at the date of last contact. 2939553
19*	Date of Last Contact	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)	If the patient is living, provide the date of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). 2897020 (month), 2897022 (day), 2897024 (year) *Note: The day of Last Contact is not required.*
20	Date of Death	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)	If the patient is deceased, provide the month of death. 2897026, (month) 2897028 (day), 2897030 (year) *Note: The day of Death is not required.*
21	Cause of Death	☐ Testicular Germ Cell Tumor (TGCT) ☐ Other Malignancy (not TGCT related) ☐ Other Non-Malignant Disease ☐ Death not Caused by Disease ☐ Unknown Cause of Death	Indicate the patient's cause of death. 2554674
22	Source of Death Information	☐ Death Certificate ☐ Medical Record ☐ Autopsy ☐ Death Index ☐ Notified by medical provider, family member or caregiver ☐ Other	Indicate the source used to identify the patient's cause of death. 2390921
Treatment Information			
23	Has additional therapy been given after surgery?	☐ None ☐ Radiation ☐ Pharmaceutical ☐ Unknown	Indicate whether the patient had therapy for *the tumor submitted for TCGA,* after surgery. 3913861 If the patient did have additional therapy, please complete the Radiation and/or Pharmaceutical Supplemental Form.

Pathologic/Prognostic Information **PLEASE NOTE:** ***Where applicable, the following questions should be answered for the entire tumor that yielded the sample submitted for TCGA.***

#	Data Element	Entry Alternatives	Working Instructions
24*	Primary Site of Disease	☐ Testis	Using the patient's pathology/laboratory report, select the anatomic site of disease of the tumor that yielded the sample submitted for TCGA. 2735776
25	Tumor Laterality	☐ Unilateral, Right ☐ Unilateral, Left ☐ Bilateral	Indicate the laterality of the tumor that yielded the sample submitted for TCGA. 827
25a	If the tumor was bilateral, was it a synchronous or metachronous? *(check all that apply)*	☐ Synchronous ☐ Metachronous	If the patient had bilateral testicular cancer, indicate whether the patient's diagnosis was at the same time as the tumor submitted for TCGA (synchronous), or after the diagnosis of the TCGA tumor (metachronous). 3901753

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#	Data Element	Entry Alternatives	Working Instructions
25b	Bilateral Tumor: Date of Diagnosis	____ ____ / ____ ____ / ____ ____ ____ ____ (month) (day) (year)	If the patient had bilateral testicular cancer, provide the date of diagnosis of the bilateral tumor. 3901759 (month), 3901760 (day), 3901761 (year)
26	If the bilateral tumor was synchronous, indicate the histologic diagnosis of the synchronous tumor. *Check all that apply* *Note: If the bilateral tumor was metachronous, please provide this information in the "New Tumor Event" section.*	**Histologic Diagnosis** / **Percent** ☐ Seminoma ____% ☐ Non-Seminoma - Choriocarcinoma ____% ☐ Non-Seminoma - Embryonal Carcinoma ____% ☐ Non-Seminoma – Yolk Sac Tumor ____% ☐ Non-Seminoma – Teratoma (Mature) ____% ☐ Non-Seminoma – Teratoma (Immature) ____% **Total** **100%**	If the patient had synchronous bilateral testicular cancer, provide the histologic diagnosis of the synchronous tumor. 3901762 (histology), 3913863 (percent)
27	Testis Tumor Macroextent *(Check all that apply)*	☐ Involves testis only ☐ Involves extratesticular structures: ☐ Epididymis ☐ Spermatic cord ☐ Tunica albuginea ☐ Other, please specify ☐ Unknown	Indicate the macroextent of the entire tumor the yielded the TCGA submitted sample. 3901766
28	Other Testis Tumor Macroextent	_____	If the extratesticular anatomic site of macroextent is not listed, specify the macroextent of the testis tumor. 3901768
29	Testis Tumor Microextent	☐ Epididymis ☐ Hilar fat ☐ Rete testis ☐ Scrotum ☐ Spermatic cord ☐ Tunica vaginalis	Indicate the microextent of the entire tumor the yielded the TCGA submitted sample. 3901767
30*	Histologic Diagnosis of Tumor Submitted for TCGA *Check all that apply*	**Histologic Diagnosis** / **Percent** ☐ Seminoma ____% ☐ Non-Seminoma - Choriocarcinoma ____% ☐ Non-Seminoma - Embryonal Carcinoma ____% ☐ Non-Seminoma – Yolk Sac Tumor ____% ☐ Non-Seminoma – Teratoma (Mature) ____% ☐ Non-Seminoma – Teratoma (Immature) ____% **Total** **100%**	Indicate the confirmed histologic diagnosis of the tumor submitted for TCGA. 3081934 (histology), 3729998(percent) The listed histologies are the only histologic types being accepted for this TCGA study. Recurrent tumors are NOT accepted, unless they are accompanied by the primary tumor, as part of a triplet submission.
31	Intratubular Germ-cell Neoplasm	☐ Present ☐ Absent ☐ Unknown	Indicate whether there was a presence of intratubular germ-cell neoplasia. 3901770
32	Lymphovascular Invasion	☐ Present ☐ Absent ☐ Unknown	Indicate whether there was a presence of lymphovascular invasion. 2008052
33*	Date of Initial Pathologic Diagnosis	____ ____ / ____ ____ / ____ ____ ____ ____ (month) (day) (year)	Provide the date the patient was initially diagnosed with the malignancy submitted for BLGSP. This may or may not be the date of the surgical resection that yielded the tumor sample submitted for BLGSP. 2896956 (month), 2896958 (day), 2896960 (year) *Note: The day of Initial Pathologic Diagnosis is not required.*
34	Method of Initial Pathologic Diagnosis	☐ Orchiectomy ☐ Incisional Biopsy ☐ Other Method (please specify)	Provide the procedure used to initially diagnose the patient. 2757941 *Please note that this method is referring to the procedure performed on the Date of Initial Pathologic Diagnosis, provided in the previous question.*
35	Other Method of Initial Pathologic Diagnosis	_____	If the procedure used to initially diagnose the patient was not included in the list provided, please describe the method used. 2757948

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#	Data Element	Entry Alternatives		Working Instructions
AJCC and IGCCG Staging				
AJCC Staging				
36*	AJCC Cancer Staging Edition	☐ 1st Edition *(1978-1983)* ☐ 2nd Edition *(1984-1988)* ☐ 3rd Edition *(1989-1992)* ☐ 4th Edition *(1993-1997)* ☐ 5th Edition *(1998-2002)* ☐ 6th Edition *(2003-2009)* ☐ 7th Edition *(2010-present)*		Please use the AJCC Cancer Staging Edition used to answer the following pathologic staging questions. 2722309
37	AJCC Primary Tumor (T)	**Clinical** ☐ TX ☐ T2 ☐ T0 ☐ T3 ☐ Tis ☐ T4 ☐ T1	**Pathologic** ☐ TX ☐ T2 ☐ T0 ☐ T3 ☐ Tis ☐ T4 ☐ T1	Using the patient's medical records and/or pathology report, select the code for the clinical and/or pathologic T (primary tumor) defined by the American Joint Committee on Cancer (AJCC). 3440328 (clinical), 3045425 (pathologic)
38	AJCC Regional Lymph Nodes (N) *See below for additional information regarding the lymph nodes.*	**Clinical** ☐ NX ☐ N0 ☐ N1 ☐ N2 ☐ N3	**Pathologic** ☐ NX ☐ N0 ☐ N1 ☐ N2 ☐ N3	Using the patient's medical records and/or pathology report, select the code for the clinical and/or pathologic N (nodal) defined by the American Joint Committee on Cancer (AJCC). 3440330 (clinical), 3203106 (pathologic)
39	AJCC Distant Metastasis (M) *See below for additional information regarding the metastasis.*	**Clinical** ☐ M0 ☐ M1 ☐ M1a ☐ M1b	**Pathologic** ☐ M0 ☐ M1 ☐ M1a ☐ M1b	Using the patient's medical records and/or pathology report, select the code for the clinical and/or pathologic M (metastasis) defined by the American Joint Committee on Cancer (AJCC). 3440331 (clinical), 3045439 (pathologic)
40	AJCC Overall Stage Group	**Clinical** ☐ Stage 0 ☐ Stage I ☐ Stage IA ☐ Stage IB ☐ Stage IS ☐ Stage II ☐ Stage IIA ☐ Stage IIB ☐ Stage IIC ☐ Stage III ☐ Stage IIIA ☐ Stage IIIB ☐ Stage IIIC	**Pathologic** ☐ Stage 0 ☐ Stage I ☐ Stage IA ☐ Stage IB ☐ Stage IS ☐ Stage II ☐ Stage IIA ☐ Stage IIB ☐ Stage IIC ☐ Stage III ☐ Stage IIIA ☐ Stage IIIB ☐ Stage IIIC	Using the patient's medical records and/or pathology report, select the stage defined by the American Joint Committee on Cancer (AJCC). 3440332 (clinical), 3203222 (pathologic)
41	AJCC Serum Tumor Markers (S) *See below for additional information regarding the serum markers.*	☐ SX ☐ S0 ☐ S1	☐ S2 ☐ S3	Using the patient's medical records and/or pathology report, select the code for the serum tumor marker (S) defined by the American Joint Committee on Cancer (AJCC). 3901772
Serum Tumor Marker Information				
PRIOR TO ORCHIECTOMY *If tests were performed multiple times, please provide the results for the tests performed closest to the date of the orchiectomy.*				
42	Serum Tumor Markers	___ ___ *(month)* ___ ___ *(day)* ___ ___ ___ ___ *(year)*		Provide the date the serum markers were tested prior to the orchiectomy. 3901773 (month), 3901774 (day), 3901781 (year)
43	Lactate Dehydrogenase (LDH)	_____ ☐ Not Evaluated		Provide the patient's LDH level if it was tested prior to the orchiectomy. 3113468
44	Human Chorionic Gonadotropin (HCG)	_____mlU/mL ☐ Not Evaluated		Provide the patient's HCG level if it was tested prior to the orchiectomy. 3901798
45	Alpha-Fetoprotein (AFP)	_____ ☐ Not Evaluated		Provide the patient's AFP level if it was tested prior to the orchiectomy. 3901799
46	Luteinizing Hormone (LH)	_____ ☐ Not Evaluated		Provide the patient's LH level if it was tested prior to the orchiectomy. 3901800
47	Testosterone	_____ ☐ Not Evaluated		Provide the patient's Testosterone level if it was tested prior to the orchiectomy. 2180787

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#	Data Element	Entry Alternatives	Working Instructions
AFTER ORCHIECTOMY *If tests were performed multiple times, please provide the results for the tests performed prior to the date of systemic therapy. If systemic therapy was not performed, provide the last date the tumor markers were performed.*			
48	Serum Tumor Markers	___ ___ (month) ___ ___ (day) ___ ___ ___ ___ (year)	Provide the date the serum markers were tested after the orchiectomy. 3901840 (month), 3901841 (day), 3901844 (year)
49	Lactate Dehydrogenase (LDH)	_____ ☐ Not Evaluated	Provide the patient's LDH level if it was tested after the orchiectomy. 3901823
50	Human Chorionic Gonadotropin (HCG)	_____ ☐ Not Evaluated	Provide the patient's HCG level if it was tested after the orchiectomy. 3901824
51	Alpha-Fetoprotein (AFP)	_____ ☐ Not Evaluated	Provide the patient's AFP level if it was tested after the orchiectomy. 3901825
52	Luteinizing Hormone (LH)	_____ ☐ Not Evaluated	Provide the patient's LH level if it was tested after the orchiectomy. 3901836
53	Testosterone	_____ ☐ Not Evaluated	Provide the patient's Testosterone level if it was tested after the orchiectomy. 3901839
Treatment and Outcome Information			
54*	Post-Orchiectomy Radiation Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had post-orchiectomy radiation therapy. ***IF the patient did have post-orchiectomy radiation, the Radiation Supplemental Form should be completed***. 2005312
55*	Post-Orchiectomy Pharmaceutical Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had post-orchiectomy pharmaceutical therapy. ***IF the patient did have adjuvant pharmaceutical therapy, the Pharmaceutical Supplemental Form should be completed***. 3397567
56*	Post-Orchiectomy Retroperitoneal Lymph Node Dissection	☐ Yes – prior to chemotherapy ☐ Yes – after chemotherapy ☐ No ☐ Unknown	Indicate whether the patient had a retroperitoneal lymph node dissection. 3953323
57 a*	Measure of Success of Outcome at the Completion of Initial First Course Treatment *Including Orchiectomy, Radiation, Chemotherapy and RPLND*	☐ No Measureable Tumor or Tumor Markers ☐ Normalization of Tumor Markers, but Residual Tumor Mass ☐ Elevated Tumor Markers and Residual Mass ☐ Progressive Tumor Mass and Tumor Markers ☐ Unknown	Provide the patient's response to their initial first course treatment (surgery and/or adjuvant therapies). 4030393
57b	Molecular Marker(s) Used to Determine Outcome at the Completion of Initial First Course Treatment	**Marker** / **Elevated** / **Normal** / **Progressed** Lactate Dehydrogenase (LDH) Human Chorionic Gonadotropin (HCG) Alpha-Fetoprotein (AFP) Luteinizing Hormone (LH) Testosterone	If the patient's outcome, at the completion of initial first course treatment, was measured by a tumor marker(s), indicate the tumor marker(s) measured and the result of each of the tests. 3953322
IGCCG Staging – Note: this information should only be provided for patients who received Chemotherapy.			
58	International Germ Cell Cancer Collaborative Group (IGCCG) Staging	☐ Good ☐ Intermediate ☐ Poor	If the patient received chemotherapy, provide the patient's IGCCG Staging indicator. 3901822

New Tumor Event Information *Complete this section if the patient had a new tumor event. If the patient did not have a new tumor event (or if the TSS does not know) indicate this in the question below, and the remainder of this section can be skipped.*

#	Data Element	Entry Alternatives	Working Instructions
59*	New Tumor Event After Initial	☐ Yes ☐ No	Indicate whether the patient had a new tumor event (e.g. metastatic, recurrent, or new primary tumor) after initial treatment.

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#	Data Element	Entry Alternatives	Working Instructions
	Treatment?	☐ Unknown	3121376 If the patient did not have a new tumor event or if this is unknown, the remaining questions can be skipped.
60	Type of New Tumor Event	☐ Metachronous Testicular Tumor ☐ Locoregional Recurrence ☐ Distant Metastasis ☐ New Primary Tumor	Indicate whether the patient's new tumor event was a metachronous testicular tumor, locoregional recurrence, a distant metastasis or a new primary tumor. A new primary tumor is a tumor with a different histology as the tumor submitted to TCGA. 3119721
61	Anatomic Site of New Tumor Event	☐ Brain ☐ Testis ☐ Lung ☐ Mediastinum ☐ Liver ☐ Lymph Node(s) ☐ RPLN ☐ Other, specify	Indicate the site of this new tumor event. 3108271
62	Other Site of New Tumor Event	_____	If the site of the new tumor event is not included in the provided list, describe the site of this new tumor event. 3128033
63	Date of New Tumor Event	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)	If the patient had a new tumor event, provide the date of diagnosis for this new tumor event. 3104044 (month), 3104042 (day), 3104046 (year)

Time Intervals: The following questions are only to be answered if the Tissue Source Site is unable to provide the dates requested on this form.
Please Note: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.

i	Has this TSS received permission from the NCI to provide time intervals as a substitute for requested dates on this form?	☐ Yes ☐ No	**Please Note**: The time intervals must be recorded in place of dates where designated throughout this form if you have selected "yes" in the box. Provided time intervals must begin with the date of initial pathologic diagnosis (i.e., biopsy or resection).
ii	Number of Days from Date of Initial Pathological Diagnosis to Date of Birth	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of birth. 3008233
iii	Number of Days from Date of Initial Pathological Diagnosis to Date of Last Contact	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of last contact. 3008273
iv	Number of Days from Date of Initial Pathological Diagnosis to Date of Death	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of death 3165475
v	Number of Days from Date of Initial Pathological Diagnosis to Date of Bilateral Tumor Diagnosis	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of Bilateral Tumor Diagnosis 3966995
vi	Number of Days from Date of Initial Pathological Diagnosis to Date of New Tumor Event After Initial Treatment	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of new tumor event after initial treatment. 3392464

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.

_____ _____ ___ ___/ ___ ___/ ___ ___ ___ ___

Principal Investigator or Designee Signature | Print Name | Date