

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: _____

Last 4 digits of Social Security # (optional): _____

In order to keep our patient information up to date we ask that you complete and sign this short form and return it to us at your earliest convenience. If you prefer to complete this report on line, go to our website, www.nwtsg.org, and click on the SurveyMonkey link under [Information for Institutions](#). Thank you for your continued participation in our study.

1. When was your last contact with the participant? ____/____/____

2. Please provide all known information: Height: _____ Circle unit: cm or inches

Weight: _____ Circle unit: lb or kg Blood pressure: ____/____

3. If participant has had any of the following illnesses or conditions resulting in hospitalization, surgery or other medical treatment since last report, or if previously unreported, please use the space below to report each event. **If reporting relapse of Wilms tumor, please send detailed flowsheets together with this form.**

- Heart disease or congestive heart failure
- Renal failure, kidney problems or transplant
- Cancer (after first Wilms tumor)
- Other serious illnesses or medical conditions

Event	Date of Occurrence	Description/Outcome/Treatment

4. Has participant experienced any significant life events (such as marriage, pregnancy or parenthood) since last report? If yes, or if previously unreported, please use the space below to report each event. For pregnancies, include date pregnancy ended, duration of pregnancy and outcome.

Event	Date of Occurrence	Description/Outcome

SIGNATURE: _____

Date: _____