

**NWTS LATE EFFECTS STUDY (4941L)
PARTICIPANT ENTRY QUESTIONNAIRE**

TO: _____ at _____
Clinical Research Associate(s) Institution

FROM: NWTS Data and Statistical Center

RE: Long Term Follow-Up Study
Enrollment of Eligible NWTS-5 Patients to Protocol 4941L revised 3/2001

This questionnaire must be completed and returned to the Data and Statistical Center to document your IRB's approval of this protocol. Please complete this questionnaire immediately upon approval of the protocol by your institutional review board. The March, 2001 revision of this protocol authorized the entry of eligible NWTS-5 participants onto this protocol. We are now formally activating the entry of these participants.

IRB APPROVAL STATUS:

Our institutional review board has approved the protocol titled: NWTS Late Effects Study (4941L)
yes no Date of Approval : ____/____/____

PARTICIPANT CONSENT STATUS:

Our NWTS-5 participants were consented to long-term follow-up by the NWTS as part of their
yes no original clinical trial informed consent process.

For this protocol we will be required to obtain informed consents for our NWTS-5 participants.
yes no *If you have any families with whom you have lost contact, the DSC can extend some assistance in finding them and providing you with you with a new address. Please contact our office as soon as possible regarding any "lost" families for whom you would like assistance from our tracking facility.*

Comments: _____

Name of Investigator: _____

Institution: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____ Fax :(____) _____

Name of CRA: _____

Telephone: (____) _____ Fax :(____) _____

PLEASE RETURN THIS FORM TO:

NATIONAL WILMS TUMOR STUDY
DATA AND STATISTICAL CENTER

FRED HUTCHINSON CANCER RESEARCH CENTER

1100 Fairview Avenue N, M2-A876, P.O. Box 19024, Seattle, Washington 98109

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