

# NATIONAL WILMS TUMOR STUDY

FRED HUTCHINSON CANCER RESEARCH CENTER

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## LATE EFFECTS STUDY ANNUAL STATUS REPORT

Participant Name: \_\_\_\_\_

NWTS # (if known): \_\_\_\_\_

Information regarding the health status of NWTS participants is important to our study regardless of whether healthy or not. Please complete and sign this status report at your earliest convenience and return it to us. If you would prefer to complete this report online, go to our website, [www.nwtsg.org](http://www.nwtsg.org), and click on the SurveyMonkey link. Thank you for your continued participation in our study.

1. If contact information changed, please make corrections in the space provided below:

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

2. If any of the following illnesses or conditions resulted in hospitalization, surgery or other medical treatment since your last report, or if previously unreported, please use the space below to report each event.

- 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

3. Any significant life events (such as marriage, pregnancy or parenthood) since your 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

4. I authorize the National Wilms Tumor Study to continue contacting me to obtain further updates regarding the health status and significant life events.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ (e.g., self, parent, guardian)

Last 4 digits of Participant's Social Security # (optional): \_ \_ \_ \_