

# NATIONAL WILMS TUMOR STUDY

DATA AND STATISTICAL CENTER

FRED HUTCHINSON CANCER RESEARCH CENTER

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Telephone: (206) 667-4842, Message Line: (800) 553-4878, Fax #: (206) 667-6623, Web: <http://www.nwtsg.org>

Dear Participant:

Please thank your relative for completing and returning our form. We appreciate you and your family's willingness to continue supporting the study as you have done for so long.

We are obligated to obtain your signed authorization for others to report for you and have enclosed a short form for this purpose. We will be happy to continue to receive reports from you and your authorized representative.

Again, we appreciate your continued support of the study. We endeavor to make your participation in the study as easy as possible. If you have any questions, please contact us at (800) 553-4878 or [nwtsg@fhcrc.org](mailto:nwtsg@fhcrc.org).

Yours sincerely,



Wendy Leisenring, Sc.D.  
NWTS Statistician

## LATE EFFECTS STUDY AUTHORIZED REPORTER

I, \_\_\_\_\_, (NWTS # \_\_\_\_\_), authorize the National Wilms Tumor Study to accept reports on my health from the people listed below. This does not include permission to access my medical records.

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Please accept information only from me.