

CASE SUBMISSION FORM

DEADLINE FOR RECEIPT OF CASE SUBMISSIONS IS FRIDAY, JANUARY 5, 2018

Please note that the organizing faculty/staff will be available to prepare slides for presentations. *Electronic submissions are highly encouraged* to facilitate review and preparation into the Audience Response electronic keypolling system. Please fill in form and e-mail to Courtney Flookes at Courtney.Flookes@ucsf.edu or FAX to (415) 476-0318

Which tumor board are you submitting this case for?

If you are submitting more than one case, please complete a separate form for each case.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Gastrointestinal Cancers | <input type="checkbox"/> Head & Neck Cancers/Thyroid | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Developmental Therapeutics | <input type="checkbox"/> Genitourinary Cancers | <input type="checkbox"/> Hematologic Malignancies | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Central Nervous System | <input type="checkbox"/> Gynecologic Cancers | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Sarcoma |
| | | | <input type="checkbox"/> Thoracic Cancer |

Registrant Contact Information:

Your Name	
Institution	
Address	
City, State, Zip	
Phone	FAX
E-mail Address	

Case Information:

Please organize patient information into the following categories. Attach additional sheet if necessary. Complete information will assist the tumor board chairs and committee members in selecting the cases.

- Age of Patient at Diagnosis: _____
- Gender: MALE FEMALE
- Diagnosis / Anatomic: _____
- Stage: _____
- Biopsy sites / Histopathology: _____
- Relevant Staging and work up or follow-up procedures performed: _____
- Significant past medical history: _____
- Critical Event Chronology:
 - Major treatments and relative or approximate dates: _____
 - Recurrence, sites, and relative or approximate dates: _____
 - Major complications: _____
 - Other relevant clinical information and relative or approximate dates: _____
- List the key question(s) you would like the tumor board to discuss for this case: _____

10. Are Path slides available? Yes No Do you feel they should be presented? Yes No
11. Are X-rays/scans available? Yes No Do you feel they should be presented? Yes No

Please e-mail or FAX your case submission to:

Courtney Flookes, **E-MAIL:** Courtney.Flookes@ucsf.edu or **FAX:** (415) 476-0318
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