CASE SUBMISSION FORM

DEADLINE FOR RECEIPT OF CASE SUBMISSIONS IS FRIDAY, JANUARY 2, 2020

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 Philina Lim at philina.lim@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.

☐ Breast Cancer
☐ Genitourinary Cancers
☐ Lymphoma

☐ Developmental Therapeutics
☐ Gynecologic Cancers
☐ Supportive Care

☐ Gastrointestinal Cancers
☐ Hematologic Malignancies
☐ Thoracic Cancer

Registrant Contact Information:

<table>
<thead>
<tr>
<th>Your Name</th>
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<td>Institution</td>
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<td>Address</td>
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<td>City, State, Zip</td>
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<td>E-mail Address</td>
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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.

1. Age of Patient at Diagnosis: ________________________
2. Gender: ☐ MALE ☐ FEMALE
3. Diagnosis / Anatomic: ______________________________________
4. Stage: _________________________________________________
5. Biopsy sites / Histopathology: _______________________________
6. Relevant Staging and work up or follow-up procedures performed: _____________________________________________
7. Significant past medical history: _____________________________
8. 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 _______________________________________________
9. 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:

Philina Lim, E-MAIL: philina.lim@ucsf.edu or FAX: (415) 476-0318
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