



Sister Study Other Cancers Medical Report Form

SIS ID#

Date of Birth: / /
mm dd yyyy

Cancer Type _____
(ICD-10 Code)

Date of Diagnosis: / /
mm dd yyyy

Report Changes

- New Report
- Attached with additions
- Attached with changes
- No additions or changes

Report Status

- Interim
- Final
- Refused

Origin (1=HCP, 2=Woman):

Record Type (1=Medical Records, 2=Pathology Report, 3=Both):

Point of Contact (1=Oncologist, 2=Surgeon, 3=Radiologist, 4=Pathologist, 5=Other):

Date of Abstraction: / /
mm dd yyyy

QC Performed: Yes
 No

1. Name of Pathology Facility: _____

Phone: () _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Name of Pathology Facility: _____

Phone: () _____

Address: _____

City/Town: _____ State: _____ Zip: _____

1a. Histologic Type: _____

1b. Behavior Code: _____

2. Cancer Subtype:

3. Cancer stage: _____

4. Positive lymph nodes? Yes
 No
 Not Documented

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 # of Tumors

Tumor Characteristic	Tumor 1	Tumor 2	Tumor 3
5. Pathology accession number(s)	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
6. Cancer tumor size (single longest dimension in cm)	____ . ____ cm	____ . ____ cm	____ . ____ cm
7. Cancer grade	Grade _____	Grade _____	Grade _____

8. Did cancer metastasize/progress? Yes
 No
 Not documented

of Metastatic Cancer Sites

9. Cancer metastatic sites:

Metastatic Cancer Site 1

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*

Metastatic Cancer Site 2

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*

Metastatic Cancer Site 3

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*

Metastatic Cancer Site 4

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*

Metastatic Cancer Site 5

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*

Metastatic Cancer Site 6

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*

Metastatic Cancer Site 7

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*

Metastatic Cancer Site 8

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*

Metastatic Cancer Site 9

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*

Metastatic Cancer Site 10

_____ (ICD-10 code) Date of diagnosis: /
mm *yyyy*