



General Details

Family Name

First Name

Previous Name/s

Date Of Birth

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Ethnicity

Refer to list

Religion

Sex

1 Male, 2 Female, 3 Ambiguous, 9 Unknown

NHS Number

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Date Collected

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Patient ID

YCTR ID

NYKIT ID

Twin

1 Yes, 2 No, 9 Unknown

POG

1 Yes, 2 No, 9 Unknown

TCT

1 Yes, 2 No, 9 Unknown

Date Of Death

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Post Mortem

1 Yes, 2 No, 9 Unknown

Address

Address 01

Postcode

--	--	--	--	--	--	--	--

Date

--	--	--	--	--	--	--	--	--	--	--	--

At Diagnosis

1 Yes, 2 No

Address 03

Postcode

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Date

--	--	--	--	--	--	--	--	--	--	--	--

At Diagnosis

1 Yes, 2 No

Address 02

Postcode

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Date

--	--	--	--	--	--	--	--	--	--	--	--

At Diagnosis

1 Yes, 2 No

Address 04

Postcode

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Date

--	--	--	--	--	--	--	--	--	--	--	--

At Diagnosis

1 Yes, 2 No



Patient ID

Diagnostic Details

Diagnosis - In words

Pathology

Date Of Diagnosis

Morphology ICDO3

Basis

Refer to: **List 1**

Topography ICDO3

White Cell Count

x10⁹ g/litre

Stage

Height (cm) *

Cytogenetics

Weight (kg) *

Values at or around diagnosis

List 1: 1 - Clinical Only (No Histopath/Haematol), 2 - Cancer Register Only, 3 - Hospital With Haematological Evidence, 4 - Hospital With Haematological Evidence, 5 - Hospital With Haematol + Histopath, 6 - Consensus Diagnosis, 7 - MRE/CT Scan/Radiology, 9 - Unknown

Surgery Details

Operation 01

OPCS Code

Date

Outcome

Refer to: **List 2**

Operation 02

OPCS Code

Date

Outcome

Refer to: **List 2**

Operation 03

OPCS Code

Date

Outcome

Refer to: **List 2**

Operation 04

OPCS Code

Date

Outcome

Refer to: **List 2**

List 2: 1 - Biopsy Only, 2 - Partial Removal, 3 Total Removal (Clinical), 4 Total Removal (Histo Confirmed), 9 Not Known



Patient ID

Chemotherapy

Regimen 01

Date Started

Trial

Trial Arm

Regimen

Chemotherapy Details

Drug 1

Drug 2

Drug 3

Drug 4

Drug 5

Drug 6

Drug 7

Drug 8

Regimen 02

Date Started

Trial

Trial Arm

Regimen

Chemotherapy Details

Drug 1

Drug 2

Drug 3

Drug 4

Drug 5

Drug 6

Drug 7

Drug 8

Regimen 03

Date Started

Trial

Trial Arm

Regimen

Chemotherapy Details

Drug 1

Drug 2

Drug 3

Drug 4

Drug 5

Drug 6

Drug 7

Drug 8



Radiotherapy

Patient ID

Radiotherapy 01

Date

Total Dose

Site Code

Site Description

Gray

Curative *1 Yes, 2 No, 9 Unknown*

In Fractions

Completed *1 Yes, 2 No, 9 Unknown*

Radiotherapy 02

Date

Total Dose

Site Code

Site Description

Gray

Curative *1 Yes, 2 No, 9 Unknown*

In Fractions

Completed *1 Yes, 2 No, 9 Unknown*

Hospital

Hospital 01

Hospital

Unit Number Treating? *1 Yes, 2 No, 9 Unknown* Consultant

Hospital 02

Hospital

Unit Number Treating? *1 Yes, 2 No, 9 Unknown* Consultant

Hospital 03

Hospital

Unit Number Treating? *1 Yes, 2 No, 9 Unknown* Consultant

Hospital 04

Hospital

Unit Number Treating? *1 Yes, 2 No, 9 Unknown* Consultant



Patient ID

Relapse

Relapse 01

Date of Relapse

Site of Relapse

Relapse 02

Date of Relapse

Site of Relapse

Relapse 03

Date Of Relapse

Site of Relapse

Relapse 04

Date Of Relapse

Site of Relapse

Follow Up

Follow Up 01

Date Last Seen

Details

Follow Up 02

Date Last Seen

Details

Follow Up 03

Date Last Seen

Details

Follow Up 04

Date Last Seen

Details

Supporting Information

Covid-19 Positive? 1 Yes, 2 No, 9 Unknown

Date Confirmed

Date Unknown

Advised to Shield? 1 Yes, 2 No, 9 Unknown