

**IPSO - Rare Tumor Registry**

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Patient initials:

Date of birth:

Date of Diagnosis:

Pathology:

Stage (if possible):

Organ:

Surgery(S): Yes  No

if Yes: primary  delayed  biopsy only

Chemo (C): Yes  No

Radioth (R): Yes  No

Order of (S), (C), (R):

Tumor tissue stored: Yes  No

if Yes, how: paraffin  frozen  culture  other: .....

Date of last follow up:

Condition at last follow up: CR  PR  SD  PD  expired

Name of Surgeon:

Name of Institution Address:

Telephone:

Telefax:

Date of submission: ..... (dd/mm/yyyy)