



Diagnosis

 Hospital / Institute
 Clinic / Unit
 GLN number
 Institute number
 (BER number)

Date of patient information

Filled out by

Name

Address

Phone number

E-Mail

General patient information		AHVN13 Number		
Family name		Date of birth		
First name(s)		Sex	Female	Male
Address at Dx		Contact language		Other
PLZ	Town			
Diagnosis information		Diagnosis in text		
Diagnosis date				
Diagnosis group				
CHOP treatment code (if known)				
Predispositions, prior diseases & comorbidities				
ICD 10 code (if known)		Diagnosis in text		
Treatment information				
Treatment		Treatment goal		
Treatment start date		Basis of treatment decision		
		Treating institution (if different from above)		
Study information				
Study Patient	Treated according to protocol	Study comments		
Study Protocol				
Please attach following reports if available				
Pathology reports		Laboratory reports (cytology, haematology, molecular analysis etc.)		
Imaging reports		Transplantation reports		
Tumour board meeting reports		Therapy reports (radio-, chemotherapy etc.)		
Surgery reports		Consent forms (if applicable)		
Discharge reports				
Study first notification form				
Other comments				



Follow-Up / Therapy

Hospital / Institute
 Clinic / Unit
 GLN number
 Institute number
 (BER number)

Filled out by Name
 Address
 Phone number

E-Mail

General patient information		AHVN13 Number		
Family name		Date of birth		
First name(s)		Sex	Female	Male
Current address				Other
PLZ	Town			
Follow-Up / Therapy				
Type of event		Date of event		
Remission status				
Late Effects				
Date of diagnosis		Diagnosis in text		
ICD 10 code (if known)				
Additional treatment information				
CHOP treatment code (if known)		Treatment goal		
Treatment		Basis of treatment decision		
Treatment start date				
New study information				
Study Patient	Treated according to protocol	Study comments		
Study Protocol				
Please attach following reports if available				
Discharge reports				
New Study first notification form (if applicable)				
Treatment reports				
Autopsy report (if applicable)				
Tumour board meeting reports				
Consent forms (if applicable)				
Other comments				



Course of disease

Hospital / Institute
 Clinic / Unit
 GLN number
 Institute number
 (BER number)

Filled out by

Name

Address

Phone number

E-Mail

General patient information		AHVN13 Number		
Family name		Date of birth		
First name(s)		Sex	Female	Male
Current address				Other
PLZ	Town			
Course of disease				
New event				
Date of event				
New treatment information				
CHOP treatment code (if known)		Treatment goal		
Treatment		Basis of treatment decision		
Treatment start date				
New study information				
Study Patient	Treated according to protocol	Study comments		
Study Protocol				
Please attach following reports if available				
Pathology reports	Laboratory reports (cytology, haematology, molecular analysis etc.)			
Imaging reports	Transplantation reports			
Tumour board meeting reports	Therapy reports (radio-, chemotherapy etc.)			
Surgery reports	Consent forms (if applicable)			
Discharge reports				
Study first notification form				
Other comments				