



No Yes		Date of diagnosis <i>Please complete as many parts of the date as you can (mm/dd/yy)</i>	Did you have treatment for this cancer		If yes	<i>Please specify the type(s) of treatment</i>			
			No	Yes		Surgery No Yes	Chemo-therapy No Yes	Radiation No Yes	Other No Yes → (specify)
<input type="checkbox"/>	<input type="checkbox"/>	Ovary <b>COVARF</b>	<b>COVAR</b> MF/DF/YF	<b>COVARTF</b>	→	<b>COVARSF</b>	<b>COVARCF</b>	<b>COVARRF</b>	<b>COVAROF- COVAROSF</b>
<input type="checkbox"/>	<input type="checkbox"/>	Prostate <b>CPROSTF</b>	<b>CPROST</b> MF/DF/YF	<b>CPROSTTF</b>	→	<b>CPROSTSF</b>	<b>CPROSTCF</b>	<b>CPROSTRF</b>	<b>CPROSTOF- CPROSTOSF</b>
<input type="checkbox"/>	<input type="checkbox"/>	Rectum <b>CRECTF</b>	<b>CRECT</b> MF/DF/YF	<b>CRECTTF</b>	→	<b>CRECTSF</b>	<b>CRECTCF</b>	<b>CRECTRF</b>	<b>CRECTOF- CRECTOSF</b>
<input type="checkbox"/>	<input type="checkbox"/>	Colon <b>CCOLNF</b>	<b>CCOLN</b> MF/DF/YF	<b>CCOLNTF</b>	→	<b>CCOLNSF</b>	<b>CCOLNCF</b>	<b>CCOLNRF</b>	<b>CCOLNOF- CCOLNOSF</b>
<b>CLMPHF</b>	Lymphoma → <input type="checkbox"/> Non- <b>CNONHF</b> Hodgkin's	<b>CNONH</b> MF/DF/YF	<b>CNONHTF</b>	→	<b>CNONHSF</b>	<b>CNONHCF</b>	<b>CNONHRF</b>	<b>CNONHOF- CNONHOSF</b>	
	<b>CHODF</b> <input type="checkbox"/> Hodgkin's	<b>CHOD</b> MF/DF/YF	<b>CHODTF</b>	→	<b>CHODSF</b>	<b>CHODCF</b>	<b>CHODRF</b>	<b>CHODOF- CHODOSF</b>	
<b>CLEUKF</b>	Leukemia (type: ___ <b>CLEUKTSF</b> ___)	<b>CLEUK</b> MF/DF/YF	<b>CLEUKTF</b>	→	<b>CLEUKSF</b>	<b>CLEUKCF</b>	<b>CLEUKRF</b>	<b>CLEUKOF- CLEUKOSF</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Melanoma <b>CMELANF</b>	<b>CMELAN</b> MF/DF/YF	<b>CMELANTF</b>	→	<b>CMELANSF</b>	<b>CMELANCF</b>	<b>CMELANRF</b>	<b>CMELANOF- CMELNOSF</b>
<b>CNONMF</b>	Skin (non-melanoma)	<b>CNONM</b> MF/DF/YF	<b>CNONMTF</b>	→	<b>CNONMSF</b>	<b>CNONMCF</b>	<b>CNONMRF</b>	<b>CNONMOF- CNONMOSF</b>	
<b>COTHRF</b>	Other 1 (Specify: ___ <b>COTHRSPF</b> ___)	<b>COTHR</b> FM/FD/FY	<b>COTHRTF</b>	→	<b>COTHRSF</b>	<b>COTHRCF</b>	<b>COTHRRF</b>	<b>COTHROF- COTHROSF</b>	
<b>COTHR2</b>	Other 2 (Specify: ___ <b>COTHRSPF2</b> ___)	<b>COTH</b> MF2/DF2/YF2	<b>COTHTF2</b>	→	<b>COTHSF2</b>	<b>COTHCF2</b>	<b>COTHRF2</b>	<b>COTHOF2- COTHOSF2</b>	
<b>COTHR3</b>	Other 3 (Specify: ___ <b>COTHRSPF3</b> ___)	<b>COTH</b> MF3/DF3/YF3	<b>COTHTF3</b>	→	<b>COTHSF3</b>	<b>COTHCF3</b>	<b>COTHRF3</b>	<b>COTHOF3- COTHOSF3</b>	