

YHHN Data Collection: Chronic myeloid leukaemia

Please enter data into boxes, and amend any incorrect or missing details:

Patient Name:

HILIS ID:

Date of Birth:

NHS No:

HMDS Number:

Report Date:

Source:

Specimen:

Demographics:

Gender:	M / F	Date of diagnosis:	
Address at diagnosis:			
GP address:			
1st appointment on:		Palliative date:	
Date of death:			

Antecedent / concurrent events:

Event:	
Therapies:	chemotherapy / radiotherapy / both

Treatment history:

Centre:	[name]		
Treatment:	[treatment name]		
Trial:	[trial name]		
Start date:		End date:	
		Response:	

Presentation data:

Splenomegaly:	[Y/N]	Detection:	
Hepatomegaly:	[Y/N]	Detection:	
Erythropoietin:	[range]	Red-cell mass:	[range]

Comments: