## **TUMOUR** QUESTIONNAIRE

## CONFIDENTIAL

10 0	e completed in English by the Medical Attendant of the life assured.				
Fullı	name of life assured				
Date	of birth (dd/mm/yyyy)				
The l	ife assured gives a history of having a tumour or growth and we would appreciate your answers to the following questions.				
1.	When was the initial diagnosis made?				
2.	What was the site or organ involved?				
3. What was the histological type and grade of the tumour? If IN SITU only, please confirm there was no stromal infiltrat					
4.	Please provide details of the staging of the tumour: a) Was it completely localised to the tissue or organ of origin? Yes No b) Was there any invasion of the adjacent tissues? Yes No If Yes, please state which.				
	Yes       No       If Yes, please state which.         c)       Was there any involvement of regional lymph nodes?         Yes       No       If Yes, please state site(s) and number of nodes involved.				
	<ul> <li>d) Were there any distant metastases?</li> <li>Yes No If Yes, please state where.</li> </ul>				



	For breast cancer, please indicate the size of the primary tumour:				
	less than 2cm				
	between 2cm - 5cm				
	greater than 5cm				
6.	For the tumours below, please give the appropriate classification:				
	Bladder Carcinoma:	Marshall	TNM		
	Colonic Carcinoma:	Dukes'			
	Invasive cervical Carcinoma:	FIGO	TNM		
	Skin Melanoma:	Clark Level	Breslow thickness		
	Prostate Cancer:				
	Gleason Score				
	Pre-treatment PSA	Date	Result		
	Latest post treatment PSA	A Date	Result		
7.	Please provide full details of treatmen	nt and dates.			
8.	Has there been any recurrence or rela	apse?			
		ase give full details of date, site(	s) and treatment.		
			·		
9.	Is any follow-up anticipated?				
9.		ase give full details below.			
9.		ase give full details below.			
9.		ase give full details below.			
9.		ase give full details below.			
9.		ase give full details below.			
9.					
	Yes No If Yes, plea				
	Yes No If Yes, plea	ion been noted?			
	Yes No If Yes, plea	ion been noted?			
9.	Is any follow-up anticipated?				

Medical Attendant's full name (please print)	
Qualifications	
Signature of Medical Attendant	
Date of birth (dd/mm/yyyy)	

## DATA PROTECTION

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RL360 will use the data and information to allow for the administration of a plan, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that the data and information is only used in ways that are allowed by law.

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