TM CNET REGISTRY
ENDOCRINOLOGY STUDY GROUP

Patient personal details

Insurance number:……
Name: ……
Date of birth:.……
Date of interview:.……

Institute number:

Physician number:

Radiotherapy

Site:

- chest
- brain (if yes: Prophylactic? yes / no)
- bone
- other:…

Date:

Dose: …… unit: Gy

Concomitant chemotherapy: yes / no

if yes: Please fill out the Form C.

tm-centre.org

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