**Text**

**History and Physical**

-Age

-Race

-Sex

-Social Security #

-Symptoms/physical Exam

-Smoking Hx/pack per year

-Family Hx of this cancer

-Date and method of Diagnosis

-If Patient was Not Diagnosed at your facility, list facility which Diagnosed

-Personal Information on other primaries found at time of this case (ie Seq #2)

-Live Births / menopause status if appropriate

-Your initials/date text done

**X-Rays/Scans/US**

-Scans/imaging related to Pt’s cancer include date, location & imaging performed (ie 1/4/14 (name of facility) CT A/P)

-Document scan/imaging not done if that is appropriate

-Your initials/date text done

**Laboratory Tests/ Markers**

-All lab tests or tumor markers pertinent to the type of cancer –provide dates of lab and Normal Range of Lab and physician assessment (elevated/normal/etc)

-If expected labs are not found in medical record-document the type of lab and note they were not found

-Your initials/date text done

**Scopes/Endoscopic Exams**

-Document scopes or endoscopic ultrasounds along with the date performed and results, location performed

-If none were performed-document review was done and scope/endoscopic exam not found in EMR

-Your initials/date text done

**Operative Report**

-Date and type of Surgery/procedure (note location if not performed at your facility)

-Results of procedure

-Your initials/date text done

**Pathology Reports**

-Date of Path Report, Path # and procedure from which it was obtained

- Final diagnosis from path report

-CAP synopsis if available

-Any other info from path required to support information used in abstracting the case

-Your initials/date text done

**Site Text**

-Primary site of tumor and source of information used

-Your initials/date text done

**Histology**

-State histology and source

-Tumor grade

-Your initials/date text done

**Staging**

-Provide CS data items with explanation including SSFs

-Clinical staging with who determined staging and source used

-Physician pathologic staging if available

-Your initials/date text done

**Treatment Plan**

-Expected txmt for Pt type and stage of cancer (Txmt Plan)

- List any rec’d or planned txmts and location for txmt planned, if known

-Your initials/date text done

**Miscellaneous / General Remarks**

-Diagnosis Date/ Date of first contact and source of data

-Class of Case Information

-Following doctors

 -Date of last contact and location

-Any information that would explain any conflicts or unusual situations found in abstracting the case.

\*\* This template is merely a suggestion, check with your supervisor for facility specific requirements.\*\*