



Study reg. number \_\_\_\_\_

Eligibility Check - Answer questions below (yes/no). All requirements must be confirmed. *All dates are to be M/D/Y.*

Yes No

\_\_\_\_ \_\_\_\_ Paraffin-embedded tumor tissue blocks of patients enrolled in NCCTG 86-72-51 or 93-72-02 and who

**All responses in above section must be "Yes".**

\_\_\_\_ \_\_\_\_ Patient eligible.

Registration Check - Answer questions below (yes/no). All requirements must be confirmed. *All dates are to be M/D/Y.*

Yes No

\_\_\_\_ \_\_\_\_ Consent form signed and dated (discretion of each institutional review board).

\_\_\_\_ \_\_\_\_ Date of consent \_\_\_\_ - \_\_\_\_ - \_\_\_\_.

\_\_\_\_ \_\_\_\_ Authorization for use and disclosure of protected health information signed and dated.

\_\_\_\_ \_\_\_\_ Date of authorization \_\_\_\_ - \_\_\_\_ - \_\_\_\_ vs. not applicable (Non-U.S.A. institution only) \_\_\_\_.

**All responses in above section must be "Yes."**

Assigned Treatment

\_\_\_\_ 0) Block study

Person registering \_\_\_\_\_ Random. specialist \_\_\_\_\_  
Signature initials

Physician \_\_\_\_\_ M D Y \_\_\_\_\_  
Signature