

# Patient Registration Form

## NBT National Brain Tumour Study

To be completed by nurse

Hospital Consultant: ..... Centre: .....

Date form completed: .....

Patient Name .....
DOB ..... Hospital Number .....
Address .....
.....
Postcode .....
(or hospital label)

### SECTION A – Demographic & Presentation

Sex (please tick)                      Male                       Female

Symptomatic at diagnosis     Yes                       No                       Don't know

If yes, please specify

- |   |  |
|---|--|
| <input type="checkbox"/> Headache           | <input type="checkbox"/> Visual disturbance          |
| <input type="checkbox"/> Speech disturbance | <input type="checkbox"/> Seizure                     |
| <input type="checkbox"/> Motor defect       | <input type="checkbox"/> Cognitive changes/confusion |

### SECTION B – Diagnosis

Date of first imaging diagnosis of glioma: .....

If the patient was diagnosed with a high grade glioma at first presentation, skip to the histology section C. If not, please complete the question below.

Date of transformation of glioma: .....

**SECTION C – Surgery, Site and Histology**

Date of first surgery for glioma: .....

Surgery type:  Biopsy Craniotomy  Gross Total Resection Craniotomy  
 Partial Resection  Don't Know

Age at diagnosis: .....

Type of Glioma (first pathology/surgery):

- |   |  |
|---|--|
| <input type="checkbox"/> Astroblastoma, 94303                   | <input type="checkbox"/> Glioblastoma multiforme, 94403            |
| <input type="checkbox"/> Astrocytoma, anaplastic, 94013         | <input type="checkbox"/> Giant cell glioblastoma multiforme, 94413 |
| <input type="checkbox"/> Astrocytoma, angiocentric, 94311       | <input type="checkbox"/> Gliosarcoma, 94423                        |
| <input type="checkbox"/> Astrocytoma, diffuse, 94003            | <input type="checkbox"/> Glioma, unclassified, 93803               |
| <input type="checkbox"/> Astrocytoma, fibrillary, 94203         | <input type="checkbox"/> Glioma, unclassified anaplastic, 93803    |
| <input type="checkbox"/> Astrocytoma, gemistocytic, 94113       | <input type="checkbox"/> Oligoastrocytoma (mixed glioma), 93823    |
| <input type="checkbox"/> Astrocytoma, juvenile pilocytic, 94213 | <input type="checkbox"/> Oligoastrocytoma, anaplastic, 93823       |
| <input type="checkbox"/> Astrocytoma, protoplasmic, 94103       | <input type="checkbox"/> Oligodendroglioma, 94503                  |
| <input type="checkbox"/> Astrocytoma, unclassified, 94003       | <input type="checkbox"/> Oligodendroglioma, anaplastic, 94513      |
| <input type="checkbox"/> Ependymoma, anaplastic, 93923          | <input type="checkbox"/> Pleomorphic xanthoastrocytoma, 94243      |
| <input type="checkbox"/> Ependymoma, 93913                      | <input type="checkbox"/> Subependymoma, 93831                      |
| <input type="checkbox"/> Ependymoma, tancytic, Y6613            | <input type="checkbox"/> Ganglioglioma, 95051                      |
| <input type="checkbox"/> Ependymoma, myxopapillary, 93941       | <input type="checkbox"/> Ganglioglioma, anaplastic, 95053          |

Glioma Topography (first pathology/surgery):

- |  |  |
|--|--|
| <input type="checkbox"/> Intracranial site, NOS, A1410 | <input type="checkbox"/> Cerebellum, A6000                   |
| <input type="checkbox"/> Suprasellar region, D1467     | <input type="checkbox"/> Brain Stem, A2050                   |
| <input type="checkbox"/> Cerebrum, A2000               | <input type="checkbox"/> Cranial Nerve, NOS, A8000           |
| <input type="checkbox"/> Ventricle, A1600              | <input type="checkbox"/> Optic Nerve, A8040                  |
| <input type="checkbox"/> Choroid plexus, A1900         | <input type="checkbox"/> Cytology, ventricular fluid, A1600F |

Glioma location:  Right  Left  Multifocal  Don't Know

Behaviour:  Grade I  Grade II  Grade III  
 Grade IV  Uncertain

**SECTION D – Genetic Predisposition**

- |   |   |
|---|---|
| <input type="checkbox"/> Neurofibromatosis type 1     | <input type="checkbox"/> Neurofibromatosis type 2 |
| <input type="checkbox"/> Turcot's syndrome            | <input type="checkbox"/> Tuberous Sclerosis       |
| <input type="checkbox"/> Other (please specify) ..... | <input type="checkbox"/> None                     |

**SECTION E - Treatment details:**

- Radiation treatment for glioma:
- No
  - Fractionated radiation
  - Stereotactic radiation (Stereotactic radiosurgery, SRS, Gamma Knife, Cyber Knife, Novalis)
  - Both Fractionated and Stereotactic
  - Yes, Other
  - Don't know

Date of first radiation treatment for glioma: .....

Chemotherapy treatment for glioma?     Yes     No     Don't Know

Date of first chemotherapy treatment: .....

Please give details of any current or previous chemotherapy.

.....  
.....

Were any of these treatments part of a chemotherapy study?     Yes     No

Study name: .....    Patient ID in study: .....

**SECTION F - Histology Details:**

Has this patient had a primary brain tumour resected?     Yes     No

Histology report number: .....

Pathology laboratory location (name of hospital): .....

**Please return this form with the consent form, blood sample and questionnaire  
in the FREEPOST packaging provided**

For full Registration into the study we must receive:

Patient Blood Sample

NBT Registration Form – Version 6 June 2014

NBT Consent Form – Version 4 July 2013

NBT Questionnaire – Version 3 July 2013

Current Protocol is NBT Protocol – Version 7 June 2014

