

CLL4 - ENTRY FORM [A]

Please return completed form to:

FREEPOST RLUJ-UUUU-UUAC, CTSU, Richard Doll Building, Old Road, Headington, Oxford OX3 7LF
or Fax: +44-(0)1865-743986

Please complete this section before phoning for randomisation

Consultant Hospital

Patient's full name Sex

Date of birth...../...../..... Date of diagnosis...../...../.....

Hb (g/dl) Platelets ($\times 10^9/l$) BM lymphocytes%

Any enlargement of: Spleen Yes No

Liver Yes No

Lymph nodes in: Neck Yes No

Axillae Yes No

Groin Yes No

Please telephone CTSU for randomisation (+44-(0)1865-765615) and note the information given:

Stage A B C CLL trial number

Treatment allocated: Chlorambucil Fludara Fludara plus Cyclo

Date phoned/...../.....

WBC ($\times 10^9/l$) Lymphocytes% $\beta 2$ microglobulinmg/l

DAG test: +ve -ve not done

LDH: Patient Normal range

For stage A, indicate features of progression:

Lymphocyte doubling <12 months Yes No

Increase in nodes/spleen, etc Yes No

B symptoms Yes No

Drop in Hb/plat/PMN Yes No

Please provide patient with QOL questionnaire.