

## Lung Cancer Surgery - FOLLOW UP

Instructions:	i) Where check boxes <input type="checkbox"/> are provided, check <input checked="" type="checkbox"/> one or more boxes. Where radio buttons <input type="radio"/> are provided, check <input checked="" type="radio"/> one box only. ii) Red asterisk (*) indicates the field is mandatory and must be filled.
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Follow-Up																				
1 *	<b>Reporting Centre</b>																			
2 *	<b>Follow up date</b>																			
3 *	<b>Patient Status</b>	<input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Not Available																		
4	<b>Date of death</b>																			
5	<b>Follow Up Details</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 3%; text-align: center; vertical-align: top; padding: 5px;">a</td> <td style="width: 50%; padding: 5px;"><b>Chest x-ray</b></td> <td style="padding: 5px;"> <input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Not Available  <b>Date</b> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center; vertical-align: top; padding: 5px;">b</td> <td style="padding: 5px;"><b>CT-Thorax</b></td> <td style="padding: 5px;"> <input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Not Available  <b>Date</b> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center; vertical-align: top; padding: 5px;">c</td> <td style="padding: 5px;"><b>PET Scan</b></td> <td style="padding: 5px;"> <input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Not Available  <b>Date</b> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center; vertical-align: top; padding: 5px;">d</td> <td style="padding: 5px;"><b>MRI</b></td> <td style="padding: 5px;"> <input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Not Available  <b>Date</b> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center; vertical-align: top; padding: 5px;">e</td> <td style="padding: 5px;"><b>Bronchoscopy</b></td> <td style="padding: 5px;"> <input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Not Available  <b>Date</b> <input style="width: 100%;" type="text"/> </td> </tr> <tr> <td style="text-align: center; vertical-align: top; padding: 5px;">f</td> <td style="padding: 5px;"><b>Signs Of Recurrence</b></td> <td style="padding: 5px;"> <input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Not Available  <b>Date</b> <input style="width: 100%;" type="text"/> </td> </tr> </table>	a	<b>Chest x-ray</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <b>Date</b> <input style="width: 100%;" type="text"/>	b	<b>CT-Thorax</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <b>Date</b> <input style="width: 100%;" type="text"/>	c	<b>PET Scan</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <b>Date</b> <input style="width: 100%;" type="text"/>	d	<b>MRI</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <b>Date</b> <input style="width: 100%;" type="text"/>	e	<b>Bronchoscopy</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <b>Date</b> <input style="width: 100%;" type="text"/>	f	<b>Signs Of Recurrence</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <b>Date</b> <input style="width: 100%;" type="text"/>
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