

DATA SHEET

To be filled by responsible person of storing facility

.....
Patient: Last name, first name

.....
Patient: Date of Birth: DD.MM.YYYY

.....
Informing person: Last name, first name

.....
Role of informing person

.....
Name of facility

.....
Address of facility

.....
Phone: Contact person at facility

.....
E-mail: Contact person at facility

.....
Type of tumour

.....
Weight of tumour (if known)

.....
Size of tumour (> 1.5 cm) (if known)

.....
Particularities, Notes

With my signature, I confirm the accuracy of the above information.



.....
 Date DD.MM.YYYY, Signature responsible person

Please fill out this form and hand it to the **courier**