

DATA SHEET

To be filled by operating surgeon

.....			
Patient: Last name, first name		Patient: Date of Birth: DD.MM.YYYY	
.....			
Surgeon: Last name, first name		Date of operation	Time of operation
.....			
Name of clinic		Address of clinic	
.....			
Phone: Clinic contact person		E-mail: Clinic contact person	
.....			
Type of tumour			
.....			
Weight of tumour		Size of tumour (> 1.5 cm ³)	
.....			
Particularities, Notes			
.....			
.....			

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



.....
Date DD.MM.YYYY, Signature operating surgeon

Please fill out this form and hand it to the **person of trust**