

To be filled by operating surgeon

Patient: Date of Birth: DD.MM.YYYY

Time of operation

Address of clinic

E-mail: Clinic contact person

.....  
Size of tumour (> 1.5 cm<sup>3</sup>)

Size of tumour ( $> 1.5 \text{ cm}^3$ )

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 **courier**