

## BURKITT LYMPHOMA (BL) HOSPITAL REGISTRY FORM (TREATMENT)

**COMPLETE THE FOLLOWING INFORMATION FOR EVERY PATIENT ON TREATMENT OR RELAPSE**

1. INPATIENT'S NUMBER:           /        
NUMBER YEAR

2. TODAY'S DATE:    /    /        
DAY MONTH YEAR

3. TYPE OF PATIENT  
 ON TREATMENT  
 FOLLOW-UP

4. IF ON TREATMENT  
 FIRST LINE TREATMENT  
 SECOND LINE TREATMENT  
 RE-TREATMENT

5. ROUTINE INVESTIGATIONS,  
a. Temperature: \_\_\_\_\_ (°C)  
b. Weight: \_\_\_\_\_ (Kilograms)  
c. Height: \_\_\_\_\_ (Centimeters)

6. LIST OTHER DIAGNOSES:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

7. TICK ALL DRUGS ADMINISTERED  
a) DRUGS

|    | <i><b>DRUG</b></i>    | <i><b>DOSAGE</b></i> | <i><b>ROOT</b></i> |
|----|-----------------------|----------------------|--------------------|
| a. | Cyclophosphamide      |                      |                    |
| b. | Vinicristine          |                      |                    |
| c. | Methotrexate          |                      |                    |
| d. | Prednisolone          |                      |                    |
| e. | Dexamethasone         |                      |                    |
| f. | Etoposide             |                      |                    |
| g. | Ifosfamide            |                      |                    |
| h. | Cytarabine            |                      |                    |
| i. | Doxorubicine          |                      |                    |
| j. | Others, specify _____ |                      |                    |

b) NUMBER OF CYCLES GIVEN \_\_\_\_\_

c) INSTITUTION GIVING DRUGS: \_\_\_\_\_

d) DATE DRUGS GIVEN:

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
DAY MONTH YEAR

8. STATUS OF PATIENT

ALIVE  
 DIED

IF *ALIVE*

COMPLETE REMISSION  
 PARTIAL REMISSION  
 RELAPSE

DATE OF NEXT APPOINTMENT |\_|\_|\_|\_| / |\_|\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
DAY MONTH YEAR

IF *DIED*

CAUSE OF THE DEATH

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

DATE OF DEATH

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
DAY MONTH YEAR

FORM FILLED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF ENTRANT INTO COMPUTER: \_\_\_\_\_ DATE: \_\_\_\_\_