

Oxaliplatin with Surgery for Curative Intent for Colorectal Cancer
Patients with Resectable or Potentially Resectable Extrahepatic
Metastases - Supplemental Form 2

(This form should be completed every six months after Supplemental Form #1.)

1. Patient Profile

- * Surname:
- * Given Name:
- * OHIN: * Chart Number:
- * Postal Code:
- * Height (cm): * Weight (kg):
- * BSA (m²): * Gender: ☐ Male ☐ Female ☐ Other
- * Date of Birth:
Day Month Year
- * Site:
- * Attending Physician (MRP- Most Responsible Physician):
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2. Questions

- *a. Is the patient alive? ☐ Yes ☐ No
- Date of death:
Day Month Year
- Cause(s):
- *b. Is the patient disease free? ☐ Yes ☐ No ☐ Not applicable
- If no, date of recurrence:
Day Month Year
- Site(s):

Signature of Attending Physician
(MRP- Most Responsible Physician):

02 09 2014
Day Month Year