This form is completed when the study site is notified of a cancer diagnosis outside the Follow-up Form. Complete one (1) CC Form per reported cancer. The CC Form is completed by the site RA and submitted via mail/fax (215) 717-0936.

1. **Reported cancer:** (check only one) [1]
   - [ ] Lung cancer
   - [ ] Other cancer, specify: [2]

2. **Date of cancer diagnosis:** _____ - _____ - 20____ (mm-dd-yyyy); use 99 for unknown date fields [3,4,5]

3. **Method of cancer notification:** (check all that apply)
   - [ ] Participant [6]
   - [ ] Relative, spouse, or friend [7]
   - [ ] Provider [8]
   - [ ] Medical record (other than death certificate) [9]
   - [ ] Other, specify: [10, 11]

All cancer notifications (CC, Follow-up Form, death certificate) will require medical records collection and abstraction for DE Form completion. Obtain provider information at the time of cancer notification, whenever possible, and document on page 2.

______________________________
Person responsible for data [12]

______________________________
Date form completed [13]
Provider/Facility for cancer diagnosis:
This section is provided as an optional tool to document information for purposes of obtaining medical records; this information is not submitted to ACRIN.

a. Identify main provider or place (hospital/clinic) for cancer diagnosis / treatment:
   Name: 
   Address: 
   Phone: 

b. Identify other provider or place (hospital/clinic) for cancer diagnosis/treatment:
   Name: 
   Address: 
   Phone: 

c. Identify other provider or place (hospital/clinic) for cancer diagnosis/treatment:
   Name: 
   Address: 
   Phone: 

Comments: (site use only, not submitted to ACRIN)