

Participation Request

SIOPEL – RCN LIVER TUMOUR TREATMENT GUIDELINES

This form must be completed, signed by Lead Clinician and either emailed or scanned and uploaded to the Remote Data Entry system or faxed to Margaret Childs, CCLG on +44-116-2549504.

As a Collaborating Centre -	
	<i>Please circle</i>
We will collect basic patient data on patients with liver tumours (mandatory - Y)	Y / N
We will treat patients according to SIOPEL RCN guidelines (mandatory – Y)	Y / N
We will request any ethical approval or consent appropriate to our local and national requirements (mandatory – Y)	Y / N
We will participate in central review of pathology (free field)	Y / N
We will participate in central review of radiology (free field)	Y / N
Our centre has the facilities to carry out:	
US	Y / N
CT	Y / N
MRI	Y / N
Serum AFP measurements	Y / N
Serum creatinine	Y / N
Pure tone audiometry	Y / N
GFR, Cr ⁵¹ EDTA or other clearance method	Y / N
Echocardiogram	Y / N
We have the following supportive care facilities:	
Broad spectrum antibiotics	Y / N
Safe blood products	Y / N
The centre has access to a surgeon experienced in liver tumour surgery	Y / N

*** Mandatory field**

Participating Centre

Hospital/Institution name:*

Department name:*

Address:*

Zip Code:*

City:*

Country:*

Telephone:

Fax:

Responsible Clinician

Surname:*

Forename:*

Clinician title:

Clinician address (if different from above):

Clinician telephone:*

Clinician Fax:

Clinician e-mail:*

**Details of Data Manager/person responsible for form return
(if different from clinician)**

Surname:*

Forename:*

Telephone:

Fax:

E-mail:*

Paediatrician/Oncologist

Surname: _____

Forename: _____

Address: _____

Telephone: _____

E-mail: _____

Surgeon

Surname: _____

Forename: _____

Address: _____

Telephone: _____

E-mail: _____

Radiologist

Surname: _____

Forename: _____

Address: _____

Telephone: _____

E-mail: _____

Pathologist

Surname: _____

Forename: _____

Address: _____

Telephone: _____

E-mail: _____