TCCRI CANINE PATIENT META-DATA

TCCRI Kit ID# _____

Clinic Patient ID# _____

Rabies Vaccination   Y ☐   N ☐

When _____ (Last vaccination date)

Owner's Name _____

Pet's Name _____

Sex   Female ☐   Male ☐

Breed _____

Spayed   Y ☐   N ☐ _____ (Approximate date)

Date of Birth _____

Age _____ (Approximate age if unknown)

Weight _____

Coat Color

Diagnosis	**Diagnostic method** (Ex. Histopathology or Cytology)
Specific markers (diagnostic linked); Platform (EX. ER+, PR+ HER2+; IHC)	
Is tumor from treated patient? Y ☐ N ☐ (if yes, please fill in the section of prior-treatment)	
Prior treatment protocol (Ex. Surgery or Neoadjuvant cisplatin,10 mg/kg, biw, 4 weeks)	
Response to prior treatment	
Post-surgery treatment protocol (Ex. Adjuvant Herceptin, 20 mg/kg, qw for 4 weeks)	
Tumor radical removal Y ☐ N ☐	**Lymph node dissection** Y ☐ N ☐
Primary tumor tissue of origin (Ex. Breast)	**Primary, metastasis, recurrence**
Tumor location and size (Ex. 4th. Mammary gl., diameter about 4 cm)	**Synchronous Metastasis Organ**
Tumor Grade; classification	**TNM* stage**
Tumor pathology	
Other history of disease	
Comments	

*TNM: T describes the size of the original (primary) tumor and whether it has invaded nearby tissue, N describes nearby (regional) lymph nodes that are involved, M describes distant metastasis (spread of cancer from one part of the body to another).