

(sending institution: please stamp here):

patient label

name, date of birth, address

phone: (_____) _____ - _____ extension please

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RESTAGING FORM

RE

completion of restaging

day	month	year

Trial:

AVD-Rev

Case ID:

CRF ID:

Reason for restaging:

- RE after 4 cycles of chemotherapy
- RE after end of chemotherapy
- RE after irradiation
- termination of protocol treatment

Laboratory values:

leuco. , x 10³/μl

Hb , g/dl , mmol/l

erythrocytes , x 10⁶/μl

thrombocytes x 10³/μl

Please state all involved sites using the keycode:

0 = examined and negative

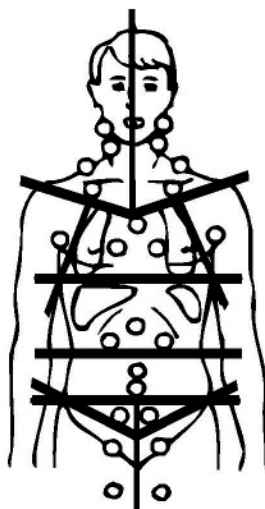
1 = examined and involved (CT)

2 = PRO

5 = not examined

right:

- 1 Waldeyers ring
- 3 upper cervical/ nuchal/ submand.
- 5 cervical
- 7a supraclav.
- 7b infraclav.
- 9 axillary
- 11a upper mediastinum
- 12 lung hilum
- 17a liver hilum
- 17b coeliac
- 18 mesenterial
- 22 iliacal
- 24 inguinal/femoral



left:

- 2 Waldeyers ring
- 4 upper cervical/ nuchal/ submand.
- 6 cervical
- 8a supraclav.
- 8b infraclav.
- 10 axillary
- 11b lower mediastinum
- 13 lung hilum
- 19 spleen
- 20 splenic hilum
- 21 paraaortal
- 23 iliacal
- 25 inguinal/femoral

Organ involvement:

- 14 lung left
- 15 lung right
- 16 liver
- 26 bone
- 27 bone marrow
- 28 pleura
- 29 pericardium
- other organ involvement

in case of bone or other organ involvement, please specify:

30 other nodal involvement (please specify): _____

after end of chemo.: LK ≥ 2.5 cm in CT ? no

yes, → involved site no.: _____

Restaging examinations:

- CT neck
- CT chest
- CT abdomen
- BM biopsy
- PET: negative positive

Response to treatment: (see reverse side)

- CR
- CRr
- PR
- NC
- PRO

Treatment will be continued according to protocol: yes no (if no, please complete treatment termination report)

Remarks:

day	month	year

Investigator signature