

Form Section
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5-Post Transplant Lymphoproliferative
Disease and Lymphoma

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Disease and Lymphoma

Transplant Malignancy Form (PTM) - All Organs

Fields to be completed by members

Field Label	Notes
Recipient last name	Display Only - Cascades from Database
Recipient first name	Display Only - Cascades from Database
Recipient Middle Initial	Not required
Date of birth	Display Only - Cascades from Database
Recipient SSN	Display Only - Cascades from Database
Recipient organ	Display Only - Cascades from Database
TRF	Display Only - Cascades from Database
Follow-up code	Display Only - Cascades from Database
Transplant date	Display Only - Cascades from Database
Follow-up Center Code	Display Only - Cascades from Database
Follow-up Center Type	Display Only - Cascades from Database
Followup Center	Display Only - Cascades from Database
Transplant Center Code	Display Only - Cascades from Database
Transplant Center Type	Display Only - Cascades from Database
Transplant Center	Display Only - Cascades from Database
Diagnosis date:	
Tumor type:	
Tumor Types: Skin: //squamous cell:	
Tumor Types: Skin: //basal cell:	
Tumor Types: Skin: //melanoma:	
Tumor Types: //Kaposi's sarcoma: cutaneous:	
Tumor Types: //Kaposi's sarcoma: visceral:	
Tumor Types: //Brain:	
Tumor Types: Brain: //Other specify:	
Tumor Types: //Renal carcinoma - specify site(s):	
Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum:	
Tumor Types: //Carcinoma of the uterus:	
Tumor Types: //Ovarian:	
Tumor Types: //Testicular:	
Tumor Types: //Esophagus:	
Tumor Types: //Stomach:	
Tumor Types: //Small intestine:	
Tumor Types: //Pancreas:	
Tumor Types: //Larynx:	
Tumor Types: //Tongue, throat:	
Tumor Types: //Thyroid:	
Tumor Types: //Bladder:	
Tumor Types: //Breast:	
Tumor Types: //Prostate:	
Tumor Types: //Colo-rectal:	

Tumor Types: //Primary hepatic tumor:	
Tumor Types: //Metastatic liver tumor:	
Tumor Types: //Lung:	
Tumor Types://Leukemia:	
Tumor Types: //Sarcomas:	
Tumor Types: //Other cancers:	
Other Cancers: //Site(s):	
Tumor Types: //Primary unknown:	
Type of pre-existing tumor:	
If other cancer, specify:	
Date of recurrence (post tx):	
Tumor Types: Skin: //squamous cell:	
Tumor Types: Skin: //basal cell:	
Tumor Types: Skin: //melanoma:	
Tumor Types: //Kaposi's sarcoma: cutaneous:	
Tumor Types: //Kaposi's sarcoma: visceral:	
Tumor Types: //Brain:	
Tumor Types: Brain: //Other specify:	
Tumor Types: //Renal carcinoma - specify site(s):	
Tumor Types: //Carcinoma of vulva, perineum or penis, scrotum:	
Tumor Types: //Carcinoma of the uterus:	
Tumor Types: //Ovarian:	
Tumor Types: //Testicular:	
Tumor Types: //Esophagus:	
Tumor Types: //Stomach:	
Tumor Types: //Small intestine:	
Tumor Types: //Pancreas:	
Tumor Types: //Larynx:	
Tumor Types: //Tongue, throat:	
Tumor Types: //Thyroid:	
Tumor Types: //Bladder:	
Tumor Types: //Breast:	
Tumor Types: //Prostate:	
Tumor Types: //Colo-rectal:	
Tumor Types: //Primary hepatic tumor:	
Tumor Types: //Metastatic liver tumor:	
Tumor Types: //Lung:	
Tumor Types://Leukemia:	
Tumor Types: //Sarcomas:	
Tumor Types: //Other cancers:	
Other Cancers: //Site(s):	
Tumor Types: //Primary unknown:	
Diagnosis date	
PTLD: //Diagnosis date:	

PTLD: //Pathology:	
PTLD: Pathology: //Other Specify:	

Public Burden Statement