

5-Post Transplant Lymphoproliferative
Disease and Lymphoma

5-Post Transplant Lymphoproliferative
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