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EGFR Patient Information Form

Providing the following clinical information is critically important in helping us to interpret genotype variations and to provide optimal genotype analysis on your patient:

1. General Information:

Date	Date of Birth	Patient's birth place (town & state or country)
Name of Patient		Ethnic origin: Asian <input type="checkbox"/> Black or African <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/>
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Currently on Iressa [®] or Tarceva [®]
Tumor Type		Response to Iressa [®] or Tarceva [®] ?

2. Smoking History:

Do you smoke?:
 Yes No

If Yes:

How many years have you smoked? _____

How many packs per day do you smoke? _____

If No:

Have you ever smoked? _____

How many years did you smoke? _____

How many packs per day did you smoke? _____

When did you quit smoking? _____

3. Alcohol Consumption History:

Do you drink alcohol?
 Yes No

If No: Have you in the past? Yes No

If Yes:

At what age did you start drinking alcohol regularly? _____

At what age did you stop? _____

What type of alcoholic beverages do you drink? beer wine other: _____

Average drinks per week:

Less than 1 1-3 4-7 8-14 more than 14