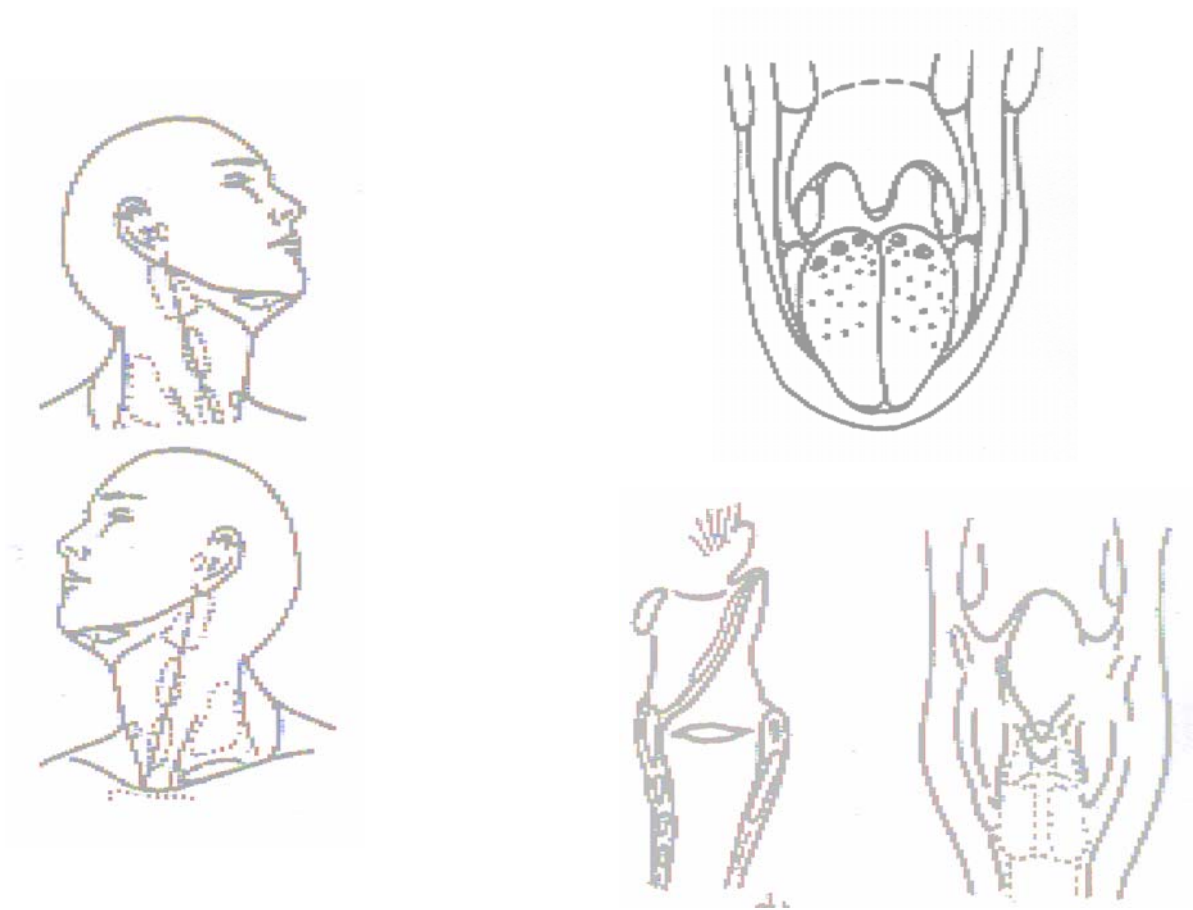


DeCIDE Trial Disease Mapping
Version date: 05/31/2006

Patient Identifier : _____

Disease Stage : T _____ N _____ M _____



This form was completed by:

Print Name: _____

Date: _____

Phone: _____

Signature: _____

Email: _____

Fax: _____

Please submit data to:

QARC
272 West Exchange Street, Suite 101
Providence, RI 02903-1025 USA
Phone: 401-454-4301
Fax: 401-454-4683
Email: DWardle@QARC.org