



REGISTRATION & REPORT FORM
International Multidisciplinary Tumorboard (iMDTB)

Physicians and Caregivers in Charge	Managing Physician at Home	Dr.
	Other Caregivers involved With Specialties	

Patient ID and Age <i>(No Name Please)</i>	
Confirmed Diagnosis and Date	
Stage and Organs involved	
Pathology / Histology / Molecular Markers	
Previous Cancer Treatments (including: Surgeries, Radiotherapy, Drugs & Others)	
Current Treatment	
Results of last Radiology / additional Staging Examinations	
Medical History and Other Conditions:	
Current Medications	
Social Status and Family History:	
Request / Reasons for Case Presentation	
Management Concept / Recommendations iMDTB	

Date:/...../.....		Specialties Represented with Names			
Gen. Medicine	Hematology/ Oncology	Radio- Oncology	Surgery/Gyn/ Urology	Medical Physicists	Nurses Others

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Date and Signature of Physician in Charge