

EXPERTISE POINT QUESTIONNAIRES: PROM CORE FACILITY

This is the intake form for the use of questionnaires for care or research. Please fill out as completely as possible and send it to PROM@prinsesmaximacentrum.nl. We will then contact you.

1. General information

Name	
Date	
E-mail address	
Request for	<input type="checkbox"/> Care – specific outpatient clinic → fill out part 2 as completely as possible <input type="checkbox"/> Research – study or trial → fill out part 3 as completely as possible <input type="checkbox"/> Research - data from care to research → not via this form (follow Biobank procedure) <input type="checkbox"/> Other, namely: <Room for explanation >

2. Request for specific outpatient clinic

Name clinic		
Purpose clinic		
Start date clinic		
Patients	<input type="checkbox"/> Hemato-oncology <input type="checkbox"/> Neuro-oncology <input type="checkbox"/> Solid tumors <input type="checkbox"/> LATER	
Specific group	<input type="checkbox"/> Yes, namely: <input type="checkbox"/> No, not applicable	<Please specify>
Questionnaire(s)	<input type="checkbox"/> Decided upon, namely: <input type="checkbox"/> Some idea, namely: <input type="checkbox"/> Advice requested	<Please specify>

EXPERTISE POINT QUESTIONNAIRES: PROM CORE FACILITY

Other comments	
-----------------------	--

3. Request for study or trial

Study or trial	<input type="checkbox"/> Study <input type="checkbox"/> Trial	
Name study or trial		
Research question or description		
Start date study or trial		
Patients	<input type="checkbox"/> Hemato-oncology <input type="checkbox"/> Neuro-oncology <input type="checkbox"/> Solid tumors <input type="checkbox"/> LATER	
Specific group	<input type="checkbox"/> Yes, namely: <input type="checkbox"/> No, not applicable	<i><Please specify></i>
Questionnaire(s)	<input type="checkbox"/> Decided upon, namely: <input type="checkbox"/> Some idea, namely: <input type="checkbox"/> Advice requested	<i><Please specify></i>
Other comments		