UK Childhood Can	cer Study		Study ID	Ocon Case No.	
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GP Adstraction	: mother/father/index	child Frontsh	eet 	- Person ID	
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Index child's name					
Index child's DOB		Diagnosi	s / pseudodiagnosis da	te	
Patient name		· · · · · · · · · · · · · · · · · · ·			
DOB			Date of death		
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UK Childhood Cancer Stu	udy		Study ID	Case No.
GP Abstraction : moti	her/father/Index child	Record of eve	ents Pe	rson ID
Start date				Sheet No.
Finish date				Total sheets
Date of Event	Event	Type code	Details of drug and dose	
Event code		X-ray ICD		last date
		BNF		No. of events
Event code		X-ray ICD		1st date
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UK Childhood Cancer Stu	dy	en e	Study ID Region	Case No.
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Start date				Sheet No.
Finish date				Total sheets
Date of Event	Event	Type code	Details of drug and dose	
	en e	X-ray		1st date
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Event code		X-ray IGD BNF		last date No. of events
Event code		ICD BNF		last date No. of events
Event code		X-ray ICD BNF		last date No. of events
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UK Childhood Cancer St	ludy	7.550		Study ID	Case	No.
				Stady ID		
GP Abstraction : mother/father/Index child			Validation Person ID			
			:			
INDEX DATE of diagnosis/ pseudodiagnosis						
in the second se				· .		
Condition	Confirmatory Evidence 1 * yes 2 * no 9 * NK	:	Details			ICD 10
Diabetes 1						
Thyroid disease ²						
Rheumatoid arthritis			7			
amicious anaemia						D 5 1 -
Asthma						
Multiple sclerosis				. 111.		G 3 5 -
Epilepsy						
Glandular fever			J			B 2 7 -
Leukaemia <i>o</i> r Lymphoma						
.ncer/Tumour						
Blood transfusion						
Serious chronic Other condition						

Validation of the above conditions covers the lifetime of the parents and control children and lifetime up to the date of diagnosis for the case child.

¹ Ascertain if possible age of onset and how first treated (insulin or not).
2 Establish if posssible underactive/overactive condition.

All hospitals where treated or referred Person ID	CD Abetingtion - matheathathadar	obild Att =*		Study ID	
ach hospital attended need only be recorded once. Total sheets Pepital name and address Hosp Code Position name and address Hosp Ret/ Unit No. Date Hosp Code	ar Austraction : mother/jaule//index	Cuita Ali nospii	zas wnere treated	or referred	Person ID
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pospital name and address Hosp Code Hosp Ret/ Unit No. Date Hosp Code	ach hospital attended need only be r	ecorded once.			
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UK Uniidnood Cancer Study	Study ID
GP Abstraction : Index child Vaccination recor	d Person ID
Details on this form were taken from GP record card	
"Triple Vaccination"	
Diphtheria/ HIB tetanus/ whooping cough	Diphtheria Polio drops tetanus
Day Month Year Day Month Year	fray Month Year Day Month Year
Dose 1	
se 2	
Dose 3	
Booster	
Other vaccinations	
mmunization Date given	Date given
The state of the s	Day Month Year
	Mantoux testing for BCG
BCG (1/2) (The second of the	Tetanus
	(booster)
Measles	Polio (booster)
//easles/Mumps/Rubella	
	HIB (single dose)
	Other
Rubella alone)	dose 1
	dose 2
	dose 3