



The Life Raft Group Medical Update Form

Please fill out this form to the best of your knowledge and check the appropriate boxes next to the option.
You may mail or fax this form to our office at:

The Life Raft Group
40 Galesi Dr. Suite 19
Wayne, NJ 07470
Attn: Magdalena Sarnas
Fax to: (973) 837-9095
E-mail to liferaft@liferaftgroup.org

Name of Patient: _____

Reporter's Name: _____

Relationship to Patient: _____

Please state the type of scan you receive: _____

Date of latest scan: _____ Frequency of Exams: _____

What were the results from this exam?

- No Evidence of Disease Further Tumor Shrinkage Tumor growth or new tumors
 Mixed - Some tumors grew; others shrunk Stable - No change in number or size of tumors

What are you currently taking to treat GIST?

Drug Name: _____ Dosage: _____ Prescribed Date: _____

Is this a new drug or dosage? YES NO

If yes, please tell us what you were previously taking:

Drug Name: _____ Dosage: _____ Prescribed Date: _____

If yes, what was the reason for the change?

- Not Responding Side Effects Improved Response

Other (Please Describe): _____

Are you in a clinical trial? YES NO

Surgery Date: _____

Was your tumor completely removed? YES NO

Outcome: _____

Please Describe: _____

Have you changed doctors? YES NO

If yes, please provide:

Doctor's Name: _____

Hospital/Medical Facility: _____

Have you had mutational testing done on your tumor? YES NO

If yes, please provide us with the results. Gene _____ Exon _____

Have you had a Plasma Level Test is done? YES NO

If yes, please provide the results:

Trough level: _____ ng/ml Time test was taken: _____

We are currently updating our records please provide us with your contact information.

Current Mailing Address: _____

Current Telephone #: _____

Current Email Address: _____