

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
155 US Highway 46, Ste. 202
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 received during a medical exam: _____

Date of latest scan: _____ Frequency of Exams: _____

What were the results from this exam?

- No Evidence of Disease Tumor Shrinkage Stable - No change
 New Tumors Growth of Existing Mixed - Some tumors grew; others shrunk

If you progressed please provide the location where it was found. _____

What are you currently taking to treat GIST?

Drug Name: _____ Dosage: _____ Prescribed Date: _____

Is this a clinical trial? Yes No

Is this a new drug or dosage? Yes No

If Yes, please tell us what you 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): _____

If you have had a recent Surgery please provide us details below.

Surgery Date: _____

Did your surgery provide clear margins? 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 Blood/Plasma Level Test is done? Yes No

If yes, please provide the results: Trough level: _____ ng/ml

Date and Time test was taken: _____

If you have moved or changed your contact information please provide provide us with:

Current Mailing Address: _____

Current Telephone #: _____ Current Email Address: _____