REQUITE

Validating Predictive Models and Biomarkers of Radiotherapy Toxicity to Reduce Side-Effects and Improve Quality-of-Life in Cancer Survivors

RQ2

Blood Collection Form

This form should be completed by an appropriate person who is responsible for the blood sample

Cancer Site ☐ Breast ☐ Prostate ☐ Lung

Name of Person taking blood ____________________

Study Number RQ☐☐☐☐☐-☐ Off-Project ☐no ☐yes

Patient Initials ☐☐☐☐

Date of Birth ☐☐/☐☐/☐☐☐☐ (dd/mm/yyyy)

Date of blood sample collection ☐☐/☐☐/☐☐☐☐ (dd/mm/yyyy)

Time of blood sample collection ☐☐:☐☐ hh:mm

Fasting blood sample ☐ fasting ☐ not fasting

Have any therapies already started?

Radiotherapy	Chemotherapy	Antihormonal therapy
☐no ☐yes	☐no ☐yes	☐no ☐yes

Sample type	Yes	No	If yes: More than half of total volume reached? Yes	No	Blood draw failed? (<1ml)
EDTA (Sample A)	☐	☐	☐	☐	☐yes
PaxGene (Sample B)	☐	☐	☐	☐	☐yes
LiH (Sample C)	☐	☐	☐	☐	☐yes
Any additional? ________ (*Please specify type of sample*)	☐	☐	☐	☐	☐yes

Comments, problems during blood draw: