Fill out the following case submission form for your submitted patient. This information is needed to present your patient’s case to the Precision Medicine Molecular Tumor Board (PMMTB).

# Return this form along with your patient’s genomic report to the PMMTB Coordinator at [mtb@uwcarbone.wisc.edu](mailto:mtb@uwcarbone.wisc.edu).

# Please complete the following information for your patient:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Initials: |  | MRN: |  | Age: |  | Gender: | |  |
| Diagnosis: |  | | | | | | | |
| Date of Diagnosis: |  | | | Performance Status: | | |  | |
| Disease Stage: |  | | | | | | | |

# List any current and/or prior therapies that your patient underwent, including start and end dates:

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# State whether your patient has a measurable disease. If so, describe the measurable disease.

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# List any other clinically relevant information about your patient’s case (e.g. affecting clinical trial eligibility or treatment).

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# Provide information on the tumor sample obtained for molecular testing (i.e. when was the sample taken and at what tumor site).

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# Note that we are collecting additional genomic information on your patient from the molecular testing companies (such as mutation burden, copy number variation) for clinical purposes. If you would prefer that the PMMTB NOT obtain that additional information, please check the box below. Do NOT obtain additional genomic information on my patient.

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# List any questions you may have in regards to your case or about the PMMTB process.

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# State if there is a timeline by which it would be helpful to present this case by.

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# Indicate how you would like to receive your patient’s recommendation letter. (i.e. by mail, fax, or both):

|  |  |
| --- | --- |
| Physician Name: |  |
| Fax Number: |  |
| Mailing Address: |  |