Requestor Information: (Please print clearly)

Name: __________________________ Date: __________________________
Tel: __________________________ How will the information be picked up:

Email: __________________________

You are a: □ Patient
□ Family Member
□ Other

Date Needed: __________________________

Search Information

What is the primary cancer diagnosis:

□ Brain Tumor
□ Breast Cancer
□ Gastrointestinal Cancer
□ Colorectal Cancer
□ Pancreatic Cancer
□ Rectal/Anal

□ Genital-Urinary Cancer
□ Bladder Cancer
□ Prostate Cancer
□ Testicular

□ Gynecological Cancer
□ Cervical Cancer
□ Ovarian Cancer
□ Uterine Cancer
□ Vaginal

□ Head and Neck Cancer
□ Lip and Mouth Cancer
□ Cancer of the Larynx
□ Cancer of the Nasopharynx
□ Cancer of the Oropharynx
□ Cancer of the Hypopharynx
□ Paranasal Sinuses and Nasal Cavity Cancer
□ Salivary Glands Cancer
□ Thyroid Cancer

□ Lung Cancer

□ Blood Cancer
□ Hodgkin’s Lymphoma
□ Leukemia
□ Non-Hodgkin’s Lymphoma
□ Multiple Myeloma
□ Other:

□ Sarcoma
□ Type: □ Soft Tissue

□ Melanoma

□ Bone

□ Neuroendocrine:

What part of the body is affected? (if relevant):

______________________________
What is the type of treatment you are receiving:
- [ ] Surgery
- [ ] Chemotherapy
- [ ] Radiation therapy
- [ ] Immunotherapy
- [ ] Don’t know

Phase of Treatment
- [ ] Haven’t started treatment
- [ ] Just starting treatment
- [ ] Half way through treatment
- [ ] Finishing treatment
- [ ] Don’t know

Type of Information Requested
- [ ] General disease related information
- [ ] General treatment information (e.g. chemotherapy; radiation therapy; surgery)
- [ ] Specific treatment information (e.g. type of chemotherapy/radiation therapy; side effects; preparation; alternative therapies; complementary therapies)
- [ ] Clinical trial / Research Study information (e.g. what are clinical trials)

Specific Question(s) and or Keywords

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

This section to be completed by Library Staff
Staff Name: ____________ Date: ____________

1. Before going on the Internet, I have checked to see if any existing library sources can answer this question?
   - [ ] Library Catalogue, UHN YouTube, E-books, UHN pamphlets
   - [ ] UHN Public Website

2. Information taken from the internet is from a reliable source such as:
   - [ ] OncoLink
   - [ ] Cancer.gov
   - [ ] Canadian Cancer Society
   - [ ] A web site that is listed on the General Cancer Websites List D-5475

3. What information has been given to the patient or family member:
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

Staff /Volunteer Signature ___________________________