**Requestor Information: (Please print clearly)**

| Name: ____________________________ | Date: ____________________________ |
| Tel: ____________________________ | How will the information be picked up: |
| Email: ____________________________ |   | Library pick-up |
| You are a:  |   | Email: |
|   |   | Mail. |
| Patient |   | Address: |
| Family Member |   |   |
| Other | Date Needed: ____________________________ |   |

Would you be willing to be contacted by a Patient Education Staff member for a library survey?  
Yes [ ]  No [ ]

**Search Information**  
**WHAT IS THE PRIMARY CANCER DIAGNOSIS:**

- [ ] Brain Tumor  
- [ ] Breast Cancer  
- [ ] Gastrointestinal Cancer  
  - [ ] Colorectal Cancer  
  - [ ] Pancreatic Cancer  
- [ ] Genital-Urinary Cancer  
  - [ ] Bladder Cancer  
  - [ ] Prostate Cancer  
- [ ] Gynecological Cancer  
  - [ ] Cervical Cancer  
  - [ ] Ovarian Cancer  
  - [ ] Uterine Cancer  
- [ ] 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  
- [ ] Malignant Hematology  
- [ ] Hodgkin's Lymphoma  
- [ ] Leukemia  
- [ ] Non-Hodgkin's Lymphoma  
- [ ] Multiple Myeloma  
- [ ] Other:  
  - [ ] Sarcoma  
  - [ ] Melanoma  
  - Type: ____________________________

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

Are you looking for information on metastasis?  
[ ] Yes  [ ] No

Where is the metastasis?  
______________________________
Types of treatment you are receiving:
- Surgery
- Chemotherapy
- Radiation
- Don't know

Phase of Treatment
- Haven't started
- Just starting
- Half way
- Finishing
- Don't know

Staging of Cancer
- 0 (Non-Invasive)
- 1
- 2
- 3 (Locally advanced)
- 4 (Metastatic)

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 MUST be completed by Volunteer.

Volunteer Name: ____________________ Date: __________
1. Is this question best left for the patient's oncologist?
   - Yes - do not complete search and inform requestor
   - No - go to step 2
2. Before going on the Internet, I have checked to see if any existing library sources can answer this question?
   - Library Catalogue
   - OIES
3. Information taken from the internet is from a reliable source:
   - OncoLink
   - Cancer.gov
   - MedlinePlus
   - A web site that is listed on the Patient Education web site
4. This search needs to be reviewed by the librarian.
5. What information has been given to the patient or family member?:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Staff Signature__________________________ Time Taken to Complete Request:______