



INSTRUCTIONS:

Please document the RECIST and iRECIST assessments.

Methods

Please document the methods used at/for this visit and their respective date.

Disease assessed by

- Clinical exam
- X-ray
- CT-scan
- MRI
- PET
- PET-CT
- Ultrasound
- Bone scan
- SPECT
- Other

Specify other method #50

Date of clinical exam

Date of X-ray

Date of CT

Date of MRI

Date of PET

Date of ultrasound

Date of bone scan

Date of SPECT

Date of other method



INSTRUCTIONS:

Please document the RECIST and iRECIST assessments.

Baseline Lesions

Please report below the number of lesions observed at baseline, and the details of all individual lesions with a clear and precise description.

Number of lesions observed ##

ID	Site	Description	Method	Radiotherapy	Target Lesion	Measurement
<input type="text"/> #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sum ####

Please complete & attach all pages up to page 2 of this form

(00000) Date: __/__/__

Signature :