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| **Paragangliom formulär****Långtidsuppföljning** |

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**Patient Information (Fyll i eller använd patientetikett)**

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| --- | --- |
| **Personnummer:** | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] **-**[ ] [ ] [ ] **[ ]**  |
| **Uppföljningsdatum**  | [ ] [ ] [ ] [ ] -[ ] [ ] -[ ] [ ]  (ÅÅÅÅ-MM-DD) |

**1. Sjukdomsfri**

[ ]  Ja

[ ]  Nej

**2. Onkologisk behandling (tidigare eller pågående )**

|  |  |  |
| --- | --- | --- |
| [ ]  Ja[ ]  Nej  |  | *Om* ***Ja,*** *välj lämpligt alternativ*[ ]  MIBG[ ]  External beam radiation[ ]  Chemoembolisation liver metastasis[ ]  Somatostatin analogs[ ]  Octreotide[ ]  Kemoterapi (cytostatika)[ ]  Tyrosinkinehämmare |

**4. Om avliden, dödsdatum** [ ] [ ] [ ] [ ] -[ ] [ ] -[ ] [ ]  (ÅÅÅÅ-MM-DD)

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