

**STATE HEALTH REGISTRY OF IOWA
Melanoma Reporting Form**

2600 UCC, The University of Iowa, Iowa City, IA 52242

Please complete, print and **FAX** both pages and **ALL PERTINENT PATH REPORTS** to the State Health Registry of Iowa, **FAX #: 319-335-8610. Attention: Rod Burnett.**

If you have any questions please call Rod Burnett at 319-384-3226.

Dermatology Office Contact Information

Reporting Dermatology Office Name Phone Number Date

Contact Individual Dermatologist Who Diagnosed The Melanoma

Patient Demographic Information

Patient Last Name First Name Middle

Patient Address City State Zip Code

Date of Birth SS # Insurance Provider

Sex Marital Status
Male Female Married Divorced
Other Widowed Unkn

Race Hispanic/Spanish
Caucasian African American/Black Yes No
Native American Unkn
Other

Tumor Information

Date of Diagnosis Primary Site Histology

Laterality Ulceration Maximum Tumor Diameter Size Breslow's Depth of Melanoma
Right Left Yes
Midline Unkn No

Regional Lymph Node Involvement	Satellite Nodules	In-Transit Metastasis	Tumor Mitotic Rate (Square/mm)
Yes	Yes	Yes	
No	No	No	
Unkn	Unkn	Unkn	

Treatment For Tumor (If unknown, please leave blank)

Did Patient Have a Bx?	Facility Name	Date
Yes No		
Did Patient Have an Excision?	Facility Name	Date
Yes No		
Did Patient Have a Re-excision?	Facility Name	Date
Yes No		
Radiation	Facility Name	Date Given
Yes No		
Chemotherapy	Facility Name	Date Given
Yes No		
Immunotherapy	Facility Name	Date Given
Yes No		

Additional Information

Does this patient have a history of previous melanoma?	If yes, is the current melanoma a new primary melanoma?
Yes No Unkn	New Melanoma
	Recurrent from a previous melanoma
Dermatologist Completing this Form	Phone Number

Thank you for your time and effort to assure complete an accurate reporting of malignant melanoma.

FORM 1114