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: Sarah Kelley.**

If you have any questions please call Sarah Kelley at 319-467-4120.

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

- ◯ Male
- ◯ Female
- ◯ Other

Marital Status

- ◯ Married
- ◯ Divorced
- ◯ Widowed
- ◯ Unkn

Race

- ◯ Caucasian
- ◯ African American/Black
- ◯ Native American
- ◯ Other

Hispanic/Spanish

- ◯ Yes
- ◯ No
- ◯ Unkn

Tumor Information

Date of Diagnosis

Primary Site

Histology

Laterality

- ◯ Right
- ◯ Left
- ◯ Midline
- ◯ Unkn

Ulceration

- ◯ Yes
- ◯ No

Maximum Tumor Diameter Size

Breslow's Depth of Melanoma

Regional Lymph Node Involvement

- ◯ Yes
- ◯ No
- ◯ Unkn

Satellite Nodules

- ◯ Yes
- ◯ No
- ◯ Unkn

In-Transit Metastasis

- ◯ Yes
- ◯ No
- ◯ Unkn

Tumor Mitotic Rate (Square/mm)

Treatment For Tumor (If unknown, please leave blank)

Did Patient Have a Bx?

◯ Yes ◯ No

Facility Name

Date

Did Patient Have an Excision?

◯ Yes ◯ No

Facility Name

Date

Did Patient Have a Re-excision?

◯ Yes ◯ No

Facility Name

Date

Radiation

◯ Yes ◯ No

Facility Name

Date Given

Chemotherapy

◯ Yes ◯ No

Facility Name

Date Given

Immunotherapy

◯ Yes ◯ No

Facility Name

Date Given

Additional Information

Does this patient have a history of previous melanoma?

◯ Yes ◯ No ◯ Unkn

If yes, is the current melanoma a new primary melanoma?

- ◯ 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