Patient Name: _____ Patient Age: |____|____| . |____| ☐ Years ☐ Months

Patient Sex: Male ☐ Female ☐

FORM HIPE2 – TUMOR ANATOMIC SITE

To be completed by Paediatrician

Date: |___||___| / |___||___| / |___||___||___||___| or Not Done ☐1 _____
Day Month Year

Paediatrician ID: |___|___|___|

Please indicate initial site(s) where the child's Burkitt's Lymphoma tumor was located.
Check body location and if "yes", indicate side (or sides), if applicable.

	BODY LOCATION			SIDE		
		Yes 1	No 2	Left 1	Middle 1	Right 1
a)	Eye/Orbit	☐	☐	☐		☐
b)	Maxilla	☐	☐	☐		☐
c)	Mandible	☐	☐	☐		☐
d)	Salivary glands	☐	☐	☐ (Sublingual)	☐ (Submandibular)	☐ (Parotid)
e)	Pharynx	☐	☐			
f)	Kidney	☐	☐	☐		☐
g)	Liver	☐	☐	☐	☐	☐
h)	Ovary	☐	☐	☐		☐
i)	Testis	☐	☐	☐		☐
j)	Spleen	☐	☐			
k)	Muscle, Arm	☐	☐	☐		☐
l)	Muscle, Leg	☐	☐	☐		☐
m)	Other: _____	☐	☐	☐	☐	☐

Hospital ID
(stick label here)

Initials/Date
Transcribed by: _____
Checked by: _____

Subject ID
(stick label here)