

# Fanconi Anemia Registry 01

## FAR01

## Adenoma

Patient initials \_\_\_\_\_  
(first name / last name)

Quarter and year of birth (q/yyyy) \_\_\_\_\_

Sex:  male  female

**Adenoma** Date of onset \_\_\_\_\_  
Maximum number | \_\_\_\_\_ | Date \_\_\_\_\_  
Most recent number | \_\_\_\_\_ | Date \_\_\_\_\_

**Diagnosis based on:**  Method of adenoma detection  US  MRI  other, \_\_\_\_\_  
 Symptoms related to adenoma  
 liver enzyme abnormality  AST  ALT  Bilirubin

**Biopsy**  no  yes, Date of biopsy \_\_\_\_\_  
specify subtype, clarification, location  
| \_\_\_\_\_ |  
| \_\_\_\_\_ |

**Resolution of condition**  no  yes, Date of resolution \_\_\_\_\_

**Treatment**  decrease/stop androgen  surgery  other  
Specify treatment | \_\_\_\_\_ |  
| \_\_\_\_\_ |

**Prior use of androgens**  no  yes, **complete androgen section below**

Further comments: \_\_\_\_\_

Referring physician name and institution | \_\_\_\_\_ |  
Address | \_\_\_\_\_ |  
Telephone and fax | \_\_\_\_\_ |  
email | \_\_\_\_\_ |

Date | \_\_\_\_ | | \_\_\_\_ | | \_\_\_\_ | | Signature \_\_\_\_\_