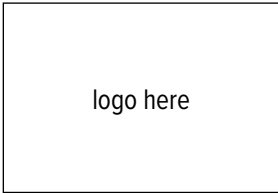


STEP 3 REQUEST FOR SUPPORT FROM HEALTHCARE PROFESSIONALS

Example



DATE OF REQUEST _____
(yyyy / mm / dd)

PATIENT'S DIAGNOSIS _____

PATIENT'S TRAJECTORY STAGE (CHOOSE ALL THAT APPLY)

- New diagnosis Recurrence or progression of disease
- Pre-surgery (specify which) _____
- Anti-neoplastic pre-treatment (chemotherapy, immunotherapy, hormone therapy)
- Pre-radiotherapy

- Consultation suggested by the patient
- Consultation suggested by the professional

NAME OF THE PROFESSIONAL _____

SIGNATURE OF THE PROFESSIONAL _____