

Application for INPHOG Institutional Membership

Date of application: _____

Full Name of Applicant Institution: _____

Address of the Applicant Institution: _____

City: _____ State: _____ Post Code: _____

Website: _____

Name of Primary Delegate: _____

Does the Primary Delegate dedicate \geq 80% of their time to clinical and/or research related to children with cancer and/or hematological disorders and/or HSCT? **(REQUIRED)**

YES NO

Phone: _____ Email: _____

NUMBER OF PATIENTS

Please provide patient numbers per year for the last three years, starting with the most recent year:

Year: 20 _____ 20 _____ 20 _____

Number of new pediatric cancer patients treated at your institution:
(for the last 3 years)

Leukemias	_____	_____	_____
Lymphomas	_____	_____	_____
CNS Tumors	_____	_____	_____
Embryonal Solid Tumors (NB, RB, Wilms, HB)	_____	_____	_____
Sarcomas	_____	_____	_____
Germ Cell Tumors and Others	_____	_____	_____

Number of new pediatric patients with benign hematological disorders treated at your institution:
(for the last 3 years)

Aplastic Anemia	_____	_____	_____
Sickle Cell Disease	_____	_____	_____
Thalassemia	_____	_____	_____
ITP	_____	_____	_____
Hemophilia	_____	_____	_____
Others	_____	_____	_____

Number of new pediatric patients who had a stem cell transplant:
(for the last 3 years)

Allogeneic	_____	_____	_____
Autologous	_____	_____	_____

INSTITUTIONAL PERSONNEL		
Does the institution have the following personnel?	Yes	No
Pediatric hematologist/oncologist?		
Medical Oncologist who is available to provide service to children with cancer		
Radiation Oncologist who is available to provide service to children with cancer		
Surgical Oncologist who is available to provide service to children with cancer		
Hematologist who is available to provide service to children with cancer and benign hematological disorders		
HSCT physician who is available to provide service to children with cancer and benign hematological disorders		
Pediatric surgeon who is available to provide service to children with cancer		
Ophthalmologist who is available to provide service to children with cancer		
Musculoskeletal surgeon who is available to provide service to children with cancer		
Neurosurgeon who is available to provide service to children with cancer		
Radiologist who is available to provide service to children with cancer and benign hematological disorders		
Nuclear medicine physician who is available to provide service to children with cancer and benign hematological disorders		
Pathologist who is available to provide service to children with cancer and benign hematological disorders		
Nurses dedicated to the care of children and adolescents with cancer and benign hematological disorders		
Palliative Care physician who is available to provide service to children with cancer and benign hematological disorders		
Social Worker who is available to provide service to children with cancer and benign hematological disorders		
Nutritionist who is available to provide service to children with cancer and benign hematological disorders		
Psychologist who is available to provide service to children with cancer and benign hematological disorders		
Access to a pediatric nephrologist		
Access to a pediatric pulmonologist		
Access to a pediatric cardiologist		
Access to a pediatric gastroenterologist		
Access to a pediatric neurologist		
Access to a pediatric endocrinologist		

SERVICES		
CLINICAL:		
	Yes	No
Is there a dedicated pediatric hematology/oncology ward?		
Is there a dedicated day care unit for pediatric patients with cancer and benign hematological disorders at your hospital?		
Is there access to dedicated pediatric intensive care unit?		
Do you have capabilities to provide appropriate isolation for transplant patients?		
Do you have long-term follow-up services for survivors of pediatric cancer?		
Do you have established regular pediatric oncology multidisciplinary team meetings at your hospital?		

RADIOLOGY:			
	On-Site	Off-Site	Neither
Computed tomography?			
Ultrasonography?			
Magnetic resonance imaging?			
PET Scan?			
Nuclear medicine e.g. bone scan, MIBG scan?			
Interventional radiology?			
Is general anesthesia or conscious sedation available for pediatric patients with cancer requiring sedated imaging?			

LABORATORY:			
	On-Site	Off-Site	Neither
Bone marrow aspirate and biopsy analysis?			
Flow Cytometry?			
MRD?			
Histopathology?			
Cytogenetic analysis?			
Molecular genetic analysis?			
Immunohistochemistry for tumor diagnosis?			

RADIATION:		
	Yes	No
Linear Accelerator?		
Brachytherapy?		
Is general anesthesia or conscious sedation available for pediatric patients with cancer receiving radiation?		

TRANSFUSION:		
	Yes	No
Availability of packed red blood cells?		
Availability of single donor platelets?		
Availability of irradiated blood products?		

INDIVIDUALS FROM INPHOG MEMBER INSTITUTIONS

Each INPHOG member institution can have several professionals **who are involved in the care of children with cancer, benign hematological disorders and HSCT**. We would request that all such personnel be listed below so that they can receive correspondence regarding group studies and activities.

	Name(s)	Phone	Email
Pediatric Hematologist/Oncologist			
Medical Oncologist			
Radiation Oncologist			
Surgical Oncologist			
Pediatric surgeon			
Hematologist			
HSCT Physician			
Orthopedic/Musculoskeletal surgeon			
Neurosurgeon			
Ophthalmologist/Ocular oncologist			
Radiologist (including nuclear medicine physician)			
Pathologist			