



Neo-Adjuvant Lapatinib and/or Trastuzumab Treatment Optimisation

CASE REPORT FORM

Protocol number BIG 1-06 / EGF 106903

Amended survival follow-up from Protocol Amendment 5 Approval

Centre No.

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Subject No.

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**Amended survival FU from Protocol Amendment 5 Approval
Informed consent**

Protocol number BIG 1-06 / EGF106903

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Centre No.	Subject No.
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Did the patient sign the Main Informed Consent version nb _____ corresponding to Protocol Amendment 5?

- ☐ No
☐ Yes → *Specify date of consent below*

Date Main Informed Consent was signed?

DD		MMM			YYYY	

Did the patient sign the Main Informed Consent version nb _____ corresponding to Protocol Amendment nb _____?

- ☐ No
☐ Yes → *Specify date of consent below*

Date Main Informed Consent was signed?

DD		MMM			YYYY	

Did the patient sign the PGx Informed Consent version nb _____ corresponding to Protocol Amendment nb _____?

- ☐ No
☐ Yes → *Specify date of consent below*

Date PGx Informed Consent was signed?

DD		MMM			YYYY	

All data entered in this case report form have been entered under my authority and to the best of my knowledge are accurate and complete.

Investigator's signature _____

(A medically qualified sub-investigator is allowed to sign the CRF if he/she is listed on the form FDA 1572)

Date

DD		MMM			YYYY	