

Application Form for the Familial Pancreatic Cancer Genetic Study

If you would like to be contacted to learn more about our study, please complete the following information and mail to:

Kate Sargent, MS
Epidemiology Section
Karmanos Cancer Institute
110 E. Warren Ave.
Detroit, MI 48201

Or Call: Kate Sargent at (313) 833-0715 x2007
or toll-free at 800-KARMANOS (1-800-527-6266) and ask for extension 2007

PLEASE READ BEFORE COMPLETING APPLICATION:

Participants will not receive "gene test results" from this study. Since one of the goals of this study is to understand the role of genes in familial pancreatic cancer, the meaning of an individual result may not be understood for some time until accrual and analysis of the data are complete.

All personal information received will be kept confidential as required by law.

Mr. Mrs. Ms.

Your Name: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

Country: _____

ZIP Code: _____

Daytime Phone: _____

E-mail: _____

Have YOU ever been diagnosed with pancreatic cancer? Yes No

How many of your relatives were diagnosed with pancreatic cancer?

Please check all of the relatives who were diagnosed with pancreatic cancer:

Grandmother	Grandfather
Mother	Father
Uncle	Aunt
Brother	Sister
Nephew	Niece
Son	Daughter
Grandson	Granddaughter
Spouse	Other (write in)

Please write in any comments or questions here:

Thank you for telling us about your family. You will be hearing from us soon.