

VCOG Survey of Bisphosphonate Use and Efficacy

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Contributor:

Name: _____

Institution: _____

Case (imprint card or supply information):

Patient name: _____

Internal ID# _____

Owner name(s): _____

Signalment: Sex _____ DOB _____

Age at presentation _____ (yrs)

Breed _____

**OR IMPRINT
CARD**



Disease:

Diagnosis: _____

FNA diagnosis if no histopathology? Y N Please attach report.

Histo confirmed? Yes No Please attach report.

If no, how was diagnosis made? (circle all that apply and attach reports)

Rads Ultrasound Nuclear scan Other (list)

Comments: _____

Stage (TNM if available) _____

Local lymph node evaluation (circle and attach report):

palpation FNA Biopsy

Thoracic radiographs taken? Y N Please attach report

Other evaluations: Test: _____

Results (attach reports): _____

Treatment:

Primary modality: Surgery Radiation Chemotherapy Palliative

Describe: _____

Secondary modality: Surgery Radiation Chemotherapy Palliative

Describe: _____

Clinical findings at the time of bisphosphonate administration (circle all that apply):

bone pain bone lysis hypercalcemia (Ca⁺⁺=_____) other _____

Concurrent medications and dosage i.e., deramaxx, etc.
