

Please complete the form, giving as much information as possible about your (blood) relatives, **including those who have not had cancer**. All your information will be held in confidence in the Research team.

Relative	First name of relative Or initials	Alive Y/N	Current age (or age at death if relative no longer alive)	If your relatives suffered from cancer we would like to know the type of cancer (i.e. where the cancer first started), the age when it was diagnosed and the type of treatment that was given (if you know)			
				Type of cancer	Age at diagnosis	Type of treatment (e.g. operation, tablets, chemotherapy, radiotherapy)	
Self							
Your Children							
Your sisters (full or half, if half state which parent you share)							
Your brothers (full or half, if half sate which parent you share)							
Your mother							
Your father							

Mother's mother							
Mother's father							
Your father's mother							
Your father's father							
Your mother's brothers							
Your mother's sisters							
Your father's brothers							
Your father's sisters							

Any other relative with cancer e.g. cousins. Indicate side of the family and who they are related to	