ANNEXURE
CENTRE FOR BIOTECHNOLOGY
AND
POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Project on Cervix Cancer)

Investigators
Dr. R. C. Sobti
Prof. S. Sehgall
Prof. B. D. Gupta
Ms. Neena Capalash

Name of the patient———
C. R. Number———
Date of Sampling———
Address———

Marital Status———
Family Income———
Number of Children and their ages———
Whether have attained Menopause———
Whether Employed ?———
If yes, type of Work done———
Whether using/used any family planning measure ?———
If yes, specify the mode used———
Taking/Taken Vitamins in the past 6 months———
If yes, specify the Vitamin/s consumed———
Underwent any Surgery/Transplantation during the past year———
Had any abortion(s) ? Induced/Spontaneous———
Any Medication prescribed by doctor in past 1 year for Blood Pressure, Diabetes, Typhoid or any kind of high fever———
Taken Antibiotics Tranquilizers Muscle relaxants. Asprins or Antacids in past 1 year———
Radiotherapy (Dose received in rads)———
Chemotherapy prescribed along with radiotherapy———
Additional Information about the patient———

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Signatures