DATA COLLECTION SHEET
CRF A
Registration

For patient randomization please send this form by fax at no. 0544 285330 from 9.00 to 16.00, Monday to Friday

Patient Date of birth (dd/mm/yyyy): __ __ / __ __/ __ __ __

Patient Sex: □ Male □ Female

Inclusion Criteria:
1. All consecutive patients, both gender, aged ≥70
2. Patients affected by solid malignancy
3. Patients undergoing elective major surgical procedures with curative or palliative intent (all major procedures including any resection, for any cancer, via any operative approach, open, laparoscopic, robotic, etc…)
4. Signed Written Informed Consent

Exclusion Criteria:
1. Patients undergoing emergent/urgent surgical procedures
2. Planned hospital stay less than 48 hours

Date informed consent was obtained (dd/mm/yyyy): __ __ / __ __/ __ __ __

To be completed by the Coordinating Center
REGISTRATION CONFIRMATION - PATIENT CODE

Center No. | Subject No.

Date of registration __ __ / __ __/ __ __ __

Signature Data Center _____________________________