



PROGRESS REPORT - NARRATIVE

Reporting Period: To *

Please provide a summary of your progress by responding to the questions below.

How did your project have an impact on the priority you selected in your application?

0 of 1500

Describe overall project successes and/or accomplishments. Examples include, increased collaboration, decreased time between screening and diagnosis and/or diagnosis and treatment and increasing the percentage of people who enter, stay in, or progress through the continuum of care.

0 of 1500

List any unforeseen challenges encountered during the implementation of this project and how you have addressed them to meet the goal and objectives set forth in your application.

0 of 1500

Identify lessons learned from the planning, implementation or evaluation of the project and how you will incorporate those lessons into future projects and programs moving forward.

0 of 1500

Please include an example of a promising practice (a method or technique that showed success) from your project that can be shared with other grantees.

0 of 1500

Provide a story of an individual who has been served by this project with Komen funding. Please share this story in a general way and do not include any personally identifiable information. Elements of a compelling success story include a general description of the circumstances that led to the patient/client needing your organization's assistance, quotes from the patient/client and the need your organization fills in your community that is displayed by this patient/client's story. These stories are vital for Komen to share the impact of its funding in local communities.

0 of 1500

Number of unduplicated individuals served during reporting period: *

How did your project address Susan G. Komen's goal to reduce breast cancer mortality?

0 of 1500

Describe how the selected funding priority(ies) was address during the reporting period.

0 of 1500

Describe how lessons learned from project planning, implementation and/or evaluation will be incorporated during the next reporting period.

0 of 1500

PROJECT SUMMARY: Summarized key accomplishments, upcoming tasks and program challenges for each object below. Please note the objective names, anticipated number served, and the description in the grey box are imported from the application and you cannot edit them.

Anticipated Number Served: Actual Number Served: *

Describe key accomplishments:

0 of 1500

List upcoming tasks:

^
v
*

0 of 1500

Describe project challenges and how they were addressed:

^
v
*

0 of 1500

Provide contact information for the person at your organization who can be reached for further information about this individual's story

Name

Phone

Email

Affiliate Category -

^
v

0 of 1500

Affiliate Category -

^
v

0 of 1500

Upload required documentation as outlined by the Affiliate



PROGRESS REPORT - SUCCESS STORY

Provide a story of an individual who has been served with your Komen funding. Please share this story in a general way and do not include any personally identifiable information.

State of Residence

County of Residence

Age *

Race *

Ethnicity *

Please indicate if any of the following are representative of the individual. Please select all that apply.

- Breast cancer survivor (non-metastatic)
- Co-survivor
- Health care provider
- Immigrant, newcomer, refugee, migrant
- Individual living with metastatic disease
- Individual who identifies as LGBTQ
- Individual residing in a rural area
- Male
- Other:

Please indicate which Komen-funded services were provided by selecting all that apply. * For the full list of definitions [Click Here](#).

- Education/Training
- Screening Services (e.g., clinical breast exam, mammogram, genetic testing/counseling)
- Diagnostic Services (e.g., mammogram, biopsy, genomic testing/counseling, etc)
- Treatment Services (e.g., surgery, chemotherapy, etc.)
- Treatment Support Services (e.g., symptom management, psychosocial support, etc.)
- Barrier Reduction Assistance (e.g., transportation, co-pay/deductible assistance, etc)
- Care Coordination/Patient Navigation/Case Management

What barrier(s) to breast cancer care did the individual experience?

↑
↓

*

0 of 1500

How did Komen funding help overcome the stated barrier(s) to care?

↑
↓

*

0 of 1500

Explain how Komen funding facilitated access to or progression through the continuum of care.

↑
↓

*

0 of 1500

Would the individual be willing to provide additional details about their experience? (If yes, Komen may contact the grantee to arrange an interview)*

Yes No

Person at your organization to be contacted:

Name:

Phone:

Email:



PROGRESS REPORT - BUDGET

Please provide a brief justification explaining how the funds were used and how they helped to achieve approved objectives. In so doing, describe any discrepancies between approved amounts (for Project Budget, Cash, and In Kind) and actual amounts for each (Actual to Date).

	Project Budget	During the Reporting Period	Remaining	Cash Budget	During the Reporting Period	Remaining	In Kind Budget	During the Reporting Period	Remaining
Salaries and Fringe		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Salaries and Fringe Justification	<input type="text"/> <div style="text-align: right;">0 of 1500</div>								
Consultants/ Subcontracts		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Consultant/ Subcontract Justification	<input type="text"/> <div style="text-align: right;">0 of 1500</div>								
Supplies		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Supplies Justification	<input type="text"/> <div style="text-align: right;">0 of 1500</div>								
Travel		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Travel Justification	<input type="text"/> <div style="text-align: right;">0 of 1500</div>								
Patient Care Costs									
Screening		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Diagnostics		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Treatment		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Transportation		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Patient Care Costs Justification	<input type="text"/> <div style="text-align: right;">0 of 1500</div>								
Other		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Other Justification	<input type="text"/> <div style="text-align: right;">0 of 1500</div>								
Subtotal – Direct Costs									
Indirect Costs		<input type="text"/>			<input type="text"/>			<input type="text"/>	
Indirect Cost Justification	<input type="text"/> <div style="text-align: right;">0 of 1500</div>								
Total									

Please describe additional sources of funding, if received.

0 of 2000

Please describe the plan to address budget overages or shortfalls described above.

0 of 1000

Receipts/Other Budget Uploads

Browse...




PROGRESS REPORT - MATERIALS

Please complete this section and upload project materials, if created. Examples include: press releases, event flyers and newspaper articles.

Upload Materials

Type of Material

Purpose of Material 

<input type="button" value="Browse..."/>	<input type="text"/>	<input type="text"/>
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PROGRESS REPORT - AFFILIATE REVIEW FORM

Summarize the results of the Progress Report review here, comparing the project's progress to the stated objectives presented in the grant application. If you select "no" for any item on the form, please provide additional details in the corresponding comments field.

Once you have completed the form below, please make sure you click the save button or no information will be saved.

Organization
Title of Project
Project Director

Progress Reporting Period: To

Was this report submitted by the due date?

Yes No

Comments

0 of 500

Has sufficient progress been made on all objectives?

Yes No

Comments

0 of 500

Were copies of materials provided?

Yes No

0 of 500

Was approval prior to releasing materials obtained?

Yes No

0 of 500

Was Komen's support appropriately acknowledged?

Yes No

Comments

0 of 500

List the most impactful project accomplishment:

0 of 1000

Was the project budget spent as approved?

Yes No

If not, please explain.

0 of 500

What percentage of the first payment was spent?

%*

Recommended Action

Is the report approved as submitted from the grantee?

Yes
 No*

If this report is not approved, please explain the next steps:

0 of 500

Will the next payment be processed?

Yes No

Is a site visit scheduled?

Yes No

Name of individual reviewing report *



REPORT - COUNTY REPORT

COUNTY	TOTAL NUMBER OF PEOPLE SERVED	NUMBER OF PEOPLE EDUCATED	NUMBER OF SCREENING SERVICES	NUMBER OF INDIVIDUALS NAVIGATED INTO SCREENING	NUMBER OF DIAGNOSTIC SERVICES	NUMBER OF INDIVIDUALS NAVIGATED INTO DIAGNOSIS	NUMBER OF TREATMENT SERVICES	NUMBER OF INDIVIDUALS NAVIGATED INTO TREATMENT	NUMBER OF TREATMENT SUPPORT SERVICES	NUMBER OF BARRIER REDUCTION SERVICES
▼										
▼										
▼										
▼										
▼										
TOTAL										

COUNTY	TOTAL	RACE TOTALS						ETHNICITY TOTALS			
	TOTAL NUMBER OF PEOPLE SERVED	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK/AFRICAN-AMERICAN	MIDDLE EASTERN OR NORTH AFRICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	WHITE	UNKNOWN/OTHER	HISPANIC/LATINO	NON-HISPANIC/LATINO	UNKNOWN/OTHER
▼											
▼											
▼											
▼											
▼											
TOTAL											
Overall Total:		Race Total:						Ethnicity Total:			

COUNTY	TOTAL NUMBER OF PEOPLE DIAGNOSED WITH BREAST CANCER	STAGE 0	STAGE I	STAGE II	STAGE III	STAGE IV	STAGE UNKNOWN
▼							
▼							
▼							
▼							
▼							
TOTAL							



REPORT - DEMOGRAPHICS REPORT

DEMOGRAPHICS OF INDIVIDUALS SERVED

STATE OF RESIDENCE	STATE OF RESIDENCE Count
<input type="text" value=""/>	<input type="text" value="0"/>
<input type="text" value=""/>	<input type="text" value="0"/>
<input type="text" value=""/>	<input type="text" value="0"/>
<input type="text" value=""/>	<input type="text" value="0"/>
<input type="text" value=""/>	<input type="text" value="0"/>
Total	0

AGE	AGE Count
0-18	<input type="text" value="0"/>
19-39	<input type="text" value="0"/>
40-49	<input type="text" value="0"/>
50-64	<input type="text" value="0"/>
65+	<input type="text" value="0"/>
Total	0

GENDER	GENDER Count
Female	<input type="text" value="0"/>
Male	<input type="text" value="0"/>
Transgender	<input type="text" value="0"/>
Other	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
Total	0

RACE	RACE Count
American Indian or Alaska Native	<input type="text" value="0"/>
Asian	<input type="text" value="0"/>
Black/African-American	<input type="text" value="0"/>
Middle Eastern or North African	<input type="text" value="0"/>
Native Hawaiian or Pacific Islander	<input type="text" value="0"/>
White	<input type="text" value="0"/>
Unknown or Other	<input type="text" value="0"/>
Total	0

ETHNICITY	ETHNICITY Count
Colombian	<input type="text" value="0"/>
Cuban	<input type="text" value="0"/>
Dominican	<input type="text" value="0"/>
Mexican/Mexican-American/Chicano	<input type="text" value="0"/>
Puerto Rican	<input type="text" value="0"/>
Salvadoran	<input type="text" value="0"/>
Other Hispanic/Latino/Spanish Origin	<input type="text" value="0"/>
Not of Hispanic/Latino/Spanish Origin	<input type="text" value="0"/>
Unknown or Other	<input type="text" value="0"/>
Total	0

SPECIAL POPULATIONS	SPECIAL POPULATIONS Count
Amish/Mennonite	<input type="text" value="0"/>
Breast cancer survivors	<input type="text" value="0"/>
Healthcare providers	<input type="text" value="0"/>
Homeless/Residing in temporary housing	<input type="text" value="0"/>
Immigrants/Newcomers/Refugees/Migrants	<input type="text" value="0"/>
Living w/ metastatic breast cancer	<input type="text" value="0"/>
Individuals w/ disabilities	<input type="text" value="0"/>
Identifies as LGBTQ	<input type="text" value="0"/>
Rural residents	<input type="text" value="0"/>
Total	0



REPORT - BREAST CANCER DIAGNOSIS REPORT

DIAGNOSTIC RESOLUTION AND BREAST CANCER DIAGNOSIS AS A RESULT OF KOMEN FUNDING

DIAGNOSIS AND STAGING

MEASURES	TOTALS	RACE TOTALS							ETHNICITY TOTALS		
		American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
SCREENING SERVICE LED TO DIAGNOSIS	STAGE OF BREAST CANCER DIAGNOSIS Count (Unduplicated)										
Yes Stage 0	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage I	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage II	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage III	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage IV	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	TOTAL	0	0	0	0	0	0	0	0	0	0
Total Diagnosed:	0	Race Total:							Ethnicity Total:		

NON-BIOPSY DIAGNOSTIC SERVICES THAT LED TO DIAGNOSIS	STAGE OF BREAST CANCER DIAGNOSIS Count (Unduplicated)	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
		Yes Stage 0	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage I	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage II	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage III	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage IV	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	TOTAL	0	0	0	0	0	0	0	0	0	0
Total Diagnosed:	0	Race Total:							Ethnicity Total:		

BIOPSY-ONLY SERVICES THAT DIAGNOSED BREAST CANCER	STAGE OF BREAST CANCER DIAGNOSIS Count (Unduplicated)	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
		Yes Stage 0	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage I	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage II	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage III	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage IV	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	TOTAL	0	0	0	0	0	0	0	0	0	0
Total Diagnosed:	0	Race Total:							Ethnicity Total:		

	STAGE OF BREAST CANCER DIAGNOSIS	American Indian or Alaska Native	Asian Count	Black/African-American	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino	Unknown/Other Count
COMMUNITY NAVIGATION INTO SCREENING LED TO BREAST CANCER DIAGNOSIS	Count (Unduplicated)	Count		Count	Count	Count				Count	
Yes Stage 0	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage I	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage II	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage III	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage IV	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	TOTAL	0	0	0	0	0	0	0	0	0	0
Total Diagnosed:	0	Race Total:						Ethnicity Total:			

	STAGE OF BREAST CANCER DIAGNOSIS	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
PATIENT NAVIGATION INTO DIAGNOSTICS LED TO BREAST CANCER DIAGNOSIS	Count (Unduplicated)										
Yes Stage 0	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage I	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage II	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage III	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage IV	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Yes Stage Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	TOTAL	0	0	0	0	0	0	0	0	0	0
Total Diagnosed:	0	Race Total:						Ethnicity Total:			



REPORT - EDUCATION AND TRAINING REPORT

EDUCATION	
TYPE OF SESSION	NUMBER OF EACH TYPE OF SESSION
One-on-one session	<input type="text" value="0"/>
Group session	<input type="text" value="0"/>
Total sessions	0
TOPIC OF SESSION	NUMBER OF EACH TOPIC OF SESSION
Breast self-awareness	<input type="text" value="0"/>
Available breast health services and resources	<input type="text" value="0"/>
Clinical trials	<input type="text" value="0"/>
Treatment	<input type="text" value="0"/>
Survivorship and quality of life	<input type="text" value="0"/>
Metastatic breast cancer	<input type="text" value="0"/>
Other	<input type="text" value="0"/>
EDUCATION TOPIC	NUMBER OF INDIVIDUALS EDUCATED ON EACH TOPIC
Breast self-awareness	<input type="text" value="0"/>
Available breast health services and resources	<input type="text" value="0"/>
Clinical trials	<input type="text" value="0"/>
Treatment	<input type="text" value="0"/>
Survivorship and quality of life	<input type="text" value="0"/>
Metastatic breast cancer	<input type="text" value="0"/>
Other	<input type="text" value="0"/>
Total Individuals	0
FOLLOW-UP COMPLETED	NUMBER OF FOLLOW-UPS
Yes	<input type="text" value="0"/>
No	<input type="text" value="0"/>



REPORT - SCREENING SERVICES REPORT

CLINICAL SERVICES RECEIVED

SCREENING

MEASURES	OVERALL TOTALS
FIRST TIME TO THIS FACILITY	FIRST TIME TO THIS FACILITY Count
Yes	<input type="text" value="0"/>
No	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
TOTAL	0

NUMBER OF YEARS SINCE LAST SCREENING	NUMBER OF YEARS SINCE LAST SCREENING Count
Less than 2 years	<input type="text" value="0"/>
2 - 5 years	<input type="text" value="0"/>
More than 5 years	<input type="text" value="0"/>
Never been screened	<input type="text" value="0"/>
TOTAL	0

MEASURES	OVERALL TOTALS	RACE TOTALS							ETHNICITY TOTALS		
		American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
SCREENING FACILITY ACCREDITATION	SCREENING FACILITY ACCREDITATION Count										
Facility not accredited	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
ACR	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
BICOE	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Accreditation	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Services:	0	Race Total: 0							Ethnicity Total: 0		

SCREENING SERVICE	SCREENING SERVICE Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Clinical breast exam	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Mammogram-in facility	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Mammogram-mobile	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Genetic testing/counseling	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Services:	0	Race Total: 0							Ethnicity Total: 0		

SCREENING RESULT	SCREENING RESULT Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Normal	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Abnormal	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Results:	0	Race Total: 0							Ethnicity Total: 0		

REFERRED TO DIAGNOSTICS	REFERRED TO DIAGNOSTICS Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Yes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
No	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Results:	0	Race Total: 0							Ethnicity Total: 0		



REPORT - DIAGNOSTIC SERVICES REPORT

CLINICAL SERVICES RECEIVED											
DIAGNOSIS											
MEASURES	OVERALL TOTALS	RACE TOTALS							ETHNICITY TOTALS		
TIME FROM SCREENING TO DIAGNOSIS	TIME FROM SCREENING TO DIAGNOSIS Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
0-30 days	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
31-60 days	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
61-90 days	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
More than 90 days	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Services:	0	0	0	0	0	0	0	0	0	0	0
		Race Total: 0							Ethnicity Total: 0		

DIAGNOSTIC FACILITY ACCREDITATION	DIAGNOSTIC FACILITY ACCREDITATION Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Facility not accredited	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
ACR	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
BICOE or DICOE	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
NAPBC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
CoC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
BICOE or DICOE & NAPBC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
BICOE or DICOE & CoC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
BICOE or DICOE & NAPBC & CoC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
NAPBC & CoC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
ACR & NAPBC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
ACR & CoC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
ACR & NAPBC & CoC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Accreditation	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Accredited:	0	0	0	0	0	0	0	0	0	0	0
		Race Total: 0							Ethnicity Total: 0		

DIAGNOSTIC SERVICE	DIAGNOSTIC SERVICE Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Diagnostic mammogram	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Breast ultrasound	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Breast MRI	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Biopsy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Genomic testing to guide treatment	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Services:	0	0	0	0	0	0	0	0	0	0	0
		Race Total: 0							Ethnicity Total: 0		

REFERRED TO TREATMENT	REFERRED TO TREATMENT Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Yes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
No	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Referred:	0	0	0	0	0	0	0	0	0	0	0
		Race Total: 0							Ethnicity Total: 0		



REPORT - TREATMENT SERVICES REPORT

CLINICAL SERVICES RECEIVED											
TREATMENT											
MEASURES	OVERALL TOTALS	RACE TOTALS							ETHNICITY TOTALS		
TIME FROM DIAGNOSIS TO BEGINNING OF TREATMENT	TIME FROM DIAGNOSIS TO BEGINNING OF TREATMENT Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
0-30 days	0	0	0	0	0	0	0	0	0	0	0
31-60 days	0	0	0	0	0	0	0	0	0	0	0
61-90 days	0	0	0	0	0	0	0	0	0	0	0
More than 90 days	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Treatments:	0	Race Total: 0							Ethnicity Total: 0		
TREATMENT FACILITY ACCREDITATION	TREATMENT FACILITY ACCREDITATION Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Facility not accredited	0	0	0	0	0	0	0	0	0	0	0
ACR	0	0	0	0	0	0	0	0	0	0	0
CoC	0	0	0	0	0	0	0	0	0	0	0
NCI	0	0	0	0	0	0	0	0	0	0	0
NAPBC	0	0	0	0	0	0	0	0	0	0	0
ACR & CoC	0	0	0	0	0	0	0	0	0	0	0
ACR & NCI	0	0	0	0	0	0	0	0	0	0	0
ACR & NAPBC	0	0	0	0	0	0	0	0	0	0	0
ACR & NCI & NAPBC	0	0	0	0	0	0	0	0	0	0	0
ACR & CoC & NAPBC	0	0	0	0	0	0	0	0	0	0	0
ACR & CoC & NCI	0	0	0	0	0	0	0	0	0	0	0
ACR & CoC & NAPBC & NCI	0	0	0	0	0	0	0	0	0	0	0
CoC & NCI	0	0	0	0	0	0	0	0	0	0	0
CoC & NCI & NAPBC	0	0	0	0	0	0	0	0	0	0	0
NCI & NAPBC	0	0	0	0	0	0	0	0	0	0	0
Other Accreditation	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Accreditations:	0	Race Total: 0							Ethnicity Total: 0		
TREATMENT SERVICE	TREATMENT SERVICE Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Chemotherapy	0	0	0	0	0	0	0	0	0	0	0
Radiation therapy	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0
Hormone therapy	0	0	0	0	0	0	0	0	0	0	0
Targeted Therapy	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Services:	0	Race Total: 0							Ethnicity Total: 0		
PATIENT ENROLLED IN CLINICAL TRIAL	PATIENT ENROLLED IN CLINICAL TRIAL Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Yes	0	0	0	0	0	0	0	0	0	0	0
No	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Trials:	0	Race Total: 0							Ethnicity Total: 0		



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REPORT - TREATMENT SUPPORT REPORT

TREATMENT SUPPORT	
MEASURES	TREATMENT SUPPORT SERVICE Count
TREATMENT SUPPORT SERVICE	
Symptom management (e.g. anti-nausea meds or lymphedema therapy)	<input type="text" value="0"/>
Psychosocial support - Group	<input type="text" value="0"/>
Psychosocial support - Individual	<input type="text" value="0"/>
Complementary & Integrative therapies	<input type="text" value="0"/>
Palliative care	<input type="text" value="0"/>
Durable medical equipment (e.g. lymphedema sleeves)	<input type="text" value="0"/>
Total services	0



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REPORT - PATIENT NAVIGATION CARE COORDINATION CASE MANAGEMENT REPORT

**PATIENT NAVIGATION
CARE COORDINATION / CASE MANAGEMENT**
CARE COORDINATION / CASE MANAGEMENT SUPPORT

MEASURES	TOTAL INDIVIDUALS Count	COORDINATION OF CARE TO RECEIVE DIAGNOSTIC SERVICES Count	COORDINATION OF CARE TO BEGIN TREATMENT SERVICES Count
CARE COORDINATION / CASE MANAGEMENT SUPPORT	0	0	0

COMMUNITY NAVIGATION TO SCREENING

MEASURES	OVERALL TOTALS	RACE TOTALS							ETHNICITY TOTALS			
		American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count	
TIME FROM REFERRAL TO SCREENING	TIME FROM REFERRAL TO SCREENING Count											
0-30 days	0	0	0	0	0	0	0	0	0	0	0	0
31-60 days	0	0	0	0	0	0	0	0	0	0	0	0
61-90 days	0	0	0	0	0	0	0	0	0	0	0	0
More than 90 days	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
Total Screenings:	0	Race Total: 0							Ethnicity Total: 0			

ACCREDITATION OF SCREENING FACILITY NAVIGATED TO	ACCREDITATION OF SCREENING FACILITY NAVIGATED TO Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
		Facility not accredited	0	0	0	0	0	0	0	0	0
ACR	0	0	0	0	0	0	0	0	0	0	0
BICOE	0	0	0	0	0	0	0	0	0	0	0
Other Accreditation	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Screenings:	0	Race Total: 0							Ethnicity Total: 0		

PATIENT NAVIGATION FROM ABNORMAL SCREENING THROUGH DIAGNOSTIC RESOLUTION

MEASURES	OVERALL TOTALS	RACE TOTALS							ETHNICITY TOTALS			
		American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count	
TIME FROM ABNORMAL SCREENING TO DIAGNOSTIC RESOLUTION	TIME FROM ABNORMAL SCREENING TO DIAGNOSTIC RESOLUTION Count											
0-30 days	0	0	0	0	0	0	0	0	0	0	0	0
31-60 days	0	0	0	0	0	0	0	0	0	0	0	0
61-90 days	0	0	0	0	0	0	0	0	0	0	0	0
More than 90 days	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
Total Screenings:	0	Race Total: 0							Ethnicity Total: 0			

ACCREDITATION OF DIAGNOSTIC FACILITY NAVIGATED TO	ACCREDITATION OF DIAGNOSTIC FACILITY NAVIGATED TO Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown Count	
Facility not accredited	0	0	0	0	0	0	0	0	0	0	0	
ACR	0	0	0	0	0	0	0	0	0	0	0	
BICOE or DICOE	0	0	0	0	0	0	0	0	0	0	0	
NAPBC	0	0	0	0	0	0	0	0	0	0	0	
CoC	0	0	0	0	0	0	0	0	0	0	0	
BICOE or DICOE & NAPBC	0	0	0	0	0	0	0	0	0	0	0	
BICOE or DICOE & CoC	0	0	0	0	0	0	0	0	0	0	0	
BICOE or DICOE & NAPBC & CoC	0	0	0	0	0	0	0	0	0	0	0	
NAPBC & CoC	0	0	0	0	0	0	0	0	0	0	0	
ACR & NAPBC	0	0	0	0	0	0	0	0	0	0	0	
ACR & CoC	0	0	0	0	0	0	0	0	0	0	0	
ACR & NAPBC & CoC	0	0	0	0	0	0	0	0	0	0	0	
Other Accreditation	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	0	0	0	0	0	
Total Accredited:	0	Race Total: 0							Ethnicity Total: 0			

PATIENT NAVIGATION FROM DIAGNOSTIC RESOLUTION THROUGH TREATMENT											
MEASURES	OVERALL TOTALS	RACE TOTALS							ETHNICITY TOTALS		
TIME FROM DIAGNOSTIC RESOLUTION TO BEGINNING TREATMENT	TIME FROM DIAGNOSTIC RESOLUTION TO BEGINNING TREATMENT Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown Count
0-30 days	0	0	0	0	0	0	0	0	0	0	0
31-60 days	0	0	0	0	0	0	0	0	0	0	0
61-90 days	0	0	0	0	0	0	0	0	0	0	0
More than 90 days	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Resolution:	0	Race Total: 0							Ethnicity Total: 0		

ACCREDITATION OF TREATMENT FACILITY NAVIGATED TO	ACCREDITATION OF TREATMENT FACILITY NAVIGATED TO Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown Count	
Facility not accredited	0	0	0	0	0	0	0	0	0	0	0	
ACR	0	0	0	0	0	0	0	0	0	0	0	
CoC	0	0	0	0	0	0	0	0	0	0	0	
NCI	0	0	0	0	0	0	0	0	0	0	0	
NAPBC	0	0	0	0	0	0	0	0	0	0	0	
ACR & CoC	0	0	0	0	0	0	0	0	0	0	0	
ACR & NCI	0	0	0	0	0	0	0	0	0	0	0	
ACR & NAPBC	0	0	0	0	0	0	0	0	0	0	0	
ACR & NCI & NAPBC	0	0	0	0	0	0	0	0	0	0	0	
ACR & CoC & NAPBC	0	0	0	0	0	0	0	0	0	0	0	
ACR & CoC & NCI	0	0	0	0	0	0	0	0	0	0	0	
ACR & CoC & NAPBC & NCI	0	0	0	0	0	0	0	0	0	0	0	
CoC & NCI	0	0	0	0	0	0	0	0	0	0	0	
CoC & NCI & NAPBC	0	0	0	0	0	0	0	0	0	0	0	
NCI & NAPBC	0	0	0	0	0	0	0	0	0	0	0	
Other Accreditation	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	0	0	0	0	0	
Total Accredited:	0	Race Total: 0							Ethnicity Total: 0			

PATIENT ENROLLED IN CLINICAL TRIAL			Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown Count
Yes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
No	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Enrolled:	0	Race Total: 0						Ethnicity Total: 0			

INDIVIDUAL COMPLETED PHYSICIAN RECOMMENDED TREATMENT	INDIVIDUAL COMPLETED PHYSICIAN RECOMMENDED TREATMENT Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown Count
Yes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
No	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Total Completed:	0	Race Total: 0						Ethnicity Total: 0			

SURVIVORSHIP CARE PLAN PROVIDED	SURVIVORSHIP CARE PLAN PROVIDED Count
Yes	<input type="text" value="0"/>
No	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
Total	0

BREAST CANCER RECORDS PROVIDED TO PRIMARY CARE PROVIDER	BREAST CANCER RECORDS PROVIDED TO PRIMARY CARE PROVIDER Count
Yes	<input type="text" value="0"/>
No	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
Total	0



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REPORT - BARRIERS REDUCTION REPORT

ASSISTANCE PROVIDED TO REMOVE BARRIERS											
MEASURES	OVERALL TOTALS	RACE TOTALS							ETHNICITY TOTALS		
ASSISTANCE PROVIDED	TOTAL ASSISTANCE PROVIDED Count	American Indian or Alaska Native Count	Asian Count	Black/African-American Count	Middle Eastern or North African Count	Native Hawaiian or Pacific Islander Count	White Count	Unknown/Other Count	Hispanic/Latino Count	Non-Hispanic/Latino Count	Unknown/Other Count
Transportation	0	0	0	0	0	0	0	0	0	0	0
Interpretation/translation services	0	0	0	0	0	0	0	0	0	0	0
Co-pay/deductible assistance	0	0	0	0	0	0	0	0	0	0	0
Daily living expenses	0	0	0	0	0	0	0	0	0	0	0
Childcare	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0
Total Services:	0	Race Total:							Ethnicity Total:		