



Triage Cancer Materials Request Form

Please complete the following request form to order educational materials from Triage Cancer. Please allow for 2 weeks for materials to arrive. For questions, please email info@TriageCancer.org.

Please note: the materials listed below are the ones currently available for shipping. You can also print copies of these materials from our website. See the full library of resources at: <http://TriageCancer.org/resources>.

First Name: _____ Last Name: _____

Title: _____

Hospital/Organization: _____

Shipping Address for Materials: _____

City: _____ State: _____ Zip _____

Email Address: _____

Phone Number (for questions): _____

1. Quick Guides - Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below. *Check all that apply.*

<u>Quick Guide</u>	Quantity: 25	Quantity: 50	Quantity: Other (indicate #)
ADA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
ADA & Reasonable Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Chemo Brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Disclosure, Privacy & Medical Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
FMLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
FMLA Expanded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
How FMLA Works With Other Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Timing of SSDI & Medicare Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
COBRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

TRIAGE CANCER

<u>Quick Guide</u>	Quantity: 25	Quantity: 50	Quantity: Other (indicate #)
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Fertility Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Clinical Trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Custom amount requested: _____

2. Check Lists - Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below.

<u>Checklists</u>	Quantity: 25	Quantity: 50	Quantity: Other (indicate #)
Minimize Financial Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Reasonable Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Getting Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Custom amount requested: _____

3. Spanish Quick Guides & Check Lists - Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below.

<u>Quick Guide/Checklist</u>	Quantity: 25	Quantity: 50	Quantity: Other (indicate #)
FMLA Expanded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Health Insurance Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
COBRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Check List – Reasonable Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Custom amount requested: _____



4. Flyers - Please identify the quantity that you are requesting, by topic. If you would like custom amounts, please note amounts below.

<u>Flyers</u>	Quantity: 25	Quantity: 50	Quantity: Other (indicate #)
Information Sheet / How Triage Cancer Can Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Webinar / Conference Flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Custom amount requested: _____

5. Postcards - Please identify the quantity that you are requesting below.

<u>Postcards</u>	Quantity: 25	Quantity: 50	Quantity: Other (indicate #)
CancerFinances.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Animated Videos (English & Spanish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Clinical Trials Animated Video (English & Spanish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
10 to Thrive – Young Adults E-Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Custom amount requested: _____

6. Drug Discount Cards - Please identify the quantity that you are requesting below.

	Quantity: 25	Quantity: 50	Quantity: Other (indicate #)
Drug Discount Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Custom amount requested: _____