



This SR1 form is not a claim form. It is used to support your patient's claim that has been made under the Special Rules.

Patient's details

01 Surname STIRLAND	04 National Insurance (NI) number If known. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
02 Other names PAUL	05 Address 7 FIELD CLOSE WELTON LINCOLN Postcode LN2 3TT									
03 Date of birth DD/MM/YYYY 06/02/1958										

Part 1 - Condition

06 What is the diagnosis? STAGE 4 MELANOMA	09 Other relevant diagnoses Grade 2 immune nephritis and grade 1 immune hepatitis following one cycle Ipi/Nivo immunotherapy.
07 Date of diagnosis DD/MM/YYYY 29/06/2021	10 Is the patient aware of their diagnosis? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
08 Date from which patient is thought to meet the Special Rules Please see page 5 of the notes for guidance about completing this question. DD/MM/YYYY 29/01/2024	11 Is the patient aware of their prognosis? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No