



BC Cancer Agency

VULVA/VAGINA STAGING DIAGRAM

UNIT _____

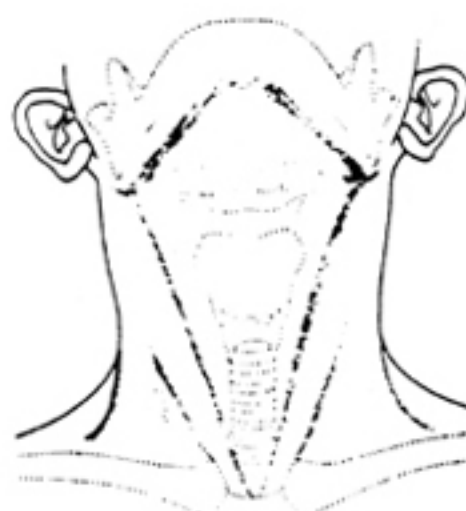
AGENCY CHART No. _____

SURNAME _____

GIVEN NAME _____

D.O.B. _____

HEALTH CARE PLAN No. _____



SITE: _____

HISTOLOGY: _____

New ☐ Recurrence ☐ Follow-up ☐

(complete TNM Staging on Reverse Side)