



CANCER REGISTRATION FORM

To be completed in duplicate in **BLOCK LETTERS**.
Please mark with the CORRECT box, where required.
To be submitted to the National Cancer Register via:
e-mail: cancer.registry@nhls.ac.za

A. PARTICULARS OF INDIVIDUAL

1. Name of facility _____

2. Surname _____

3. Full names _____

4. Date of birth _____ Age _____

5. Folder number _____

6. Sex Male Female

7. ID number/Passport number _____

8. Race group African Coloured White Indian Other _____

9. Area of residence

9.1 City/town/village _____

9.2 Postal code _____ 9.3 How long at this address? _____ Years

Please record **place of birth** if not the same as current address

9.4 City/town/village _____

9.5 Postal code _____

B. RISK FACTOR PROFILE

10. Usual occupation of patient _____
(If retired, give type of work done for most of working life)

11. Type of industry/business _____
(eg Mining, farming etc)

12. Did the patient ever smoke tobacco? Yes No Unknown

13. Did the patient ever consume alcohol regularly?
(that is, more than once a week) Yes No Unknown

14. HIV status Negative Positive Unknown

C. CLINICAL AND LABORATORY DETAILS

15. Date of diagnosis _____

16. Cancer diagnosis _____ 17. ICD-10 _____ . _____
and Histology _____
Please give all information available on the site, laterality, histology and behaviour of the tumour
Site: _____ **Laterality:** _____
Type / Stage: _____

18. Grade Well differentiated Moderately differentiated Poorly differentiated Unknown/Not applicable

19. Stage Primary/localised Metastatic Unknown/Not applicable

20. Invasiveness In-situ Invasive

21. Basis of diagnosis Clinical Clinical with investigation Cytology/histopathology Molecular Death Certificate

22. Prescribed treatment Surgery Radiation Chemotherapy Other Palliation Alternative None

INFORMANT PARTICULARS

Name (Print) _____

MP/NC Number _____

Signature _____ Date _____

CODING:

Top _____ . _____

M - _____ / _____ / _____