

Cancer registry Number

1. PATIENT

I.D. Number: _____

Given name (First name and father's Name).....

Surname (Grandfather's name).....

Age:

Sex: (1=male, 2=female, 9=NK)

Usual residence address: Sub city

Woreda:

House Number:

Phone number:

Ethnic group:

2. TUMOUR

Date of diagnosis: (dd/mm/yyyy)

Basis of diagnosis

- 0. Death certificate only
- 1. Clinical only
- 2. Clinical investigations (X ray etc.)
- 3. Specific tumour markers
- 4. Cytology/ Haematology
- 5. Histology of metastasis
- 6. Histology of primary
- 7. Histology of primary
- 8. Unknown
- 9. Unknown

Primary site of the tumour

Morphology:.....

Behaviour:

Stage

TNM:

3. TREATMENT: [1=Yes, 2=No, 9=Unknown]

Surgery

Radiotherapy

Chemotherapy/Hormone therapy

4. SOURCE OF INFORMATION

Institution/ward: _____

Number _____

Laboratory _____

Lab. Number _____

5. FOLLOW UP

Date of last contact (dd/mm/yyyy): _____

--	--	--	--	--	--	--	--

Status at last contact (1=alive, 2=dead, 9=NK) _____

Form filled by: _____ Date _____ Sign. _____

Checked by : _____ Date _____ Sign. _____