



**THE ELDORET CANCER REGISTRY  
CANCER NOTIFICATION FORM**



**Cancer registry Number**

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**1. PATIENT**

(First name(s) ..... Given name .....

Surname (Family name).....I.D. Number:.....

Date of birth       Age:  Sex:  (1=male, 2=female, 9=NK)

Place of birth .....

Usual residence address:.....

Concurrent illness..... (1=Positive, 2=Negative, 9=NK)

Next of Kin: Father/Mother/Husband/Wife/Son/Daughter .....

Patients Tele. number:..... Tel No. Next of Kin.....

Ethnic group: .....    Death Certificate No. ....

**2. FOLLOW UP**

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

Status at last contact (1=Alive, 2=Dead, 9=NK)

Hospice No. \_\_\_\_\_

Cause of death (1= this cancer, 2= Other cause, 9= NK)

**3. TUMOUR**

Patients Age ..... Address Code .....

Date of incidence:       (dd/mm/yyyy)

Primary site of the tumour ..... C   .

Morphology: ..... M     /

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

Stage:.....  T:  N:  M:

**Extent of disease** (0) In-situ (1) Localized (2) Direct extension (3) Regional Lymph node involvement (4) Direct extension and regional lymph node involvement (5) Distant Metastases (6) Not applicable (9) Unknown

**FIGO Stage:** (0) In-situ, (1) Stage I, (2) Stage II, (3) Stage III, (4) Stage IV, (9) Unknown

**4. TREATMENT:**

Surgery  Radiotherapy  Chemotherapy  Hormone therapy  Symptomatic  NK   
[1=Yes, 2=No, 9=Unknown]

**5. SOURCE OF INFORMATION**

Institution \_\_\_\_\_   Ward \_\_\_\_\_

Case number/IP 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Laboratory \_\_\_\_\_  Lab. Number \_\_\_\_\_ 2 \_\_\_\_\_

**Form filled by:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signed.** \_\_\_\_\_

**Data entered by:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signed.** \_\_\_\_\_