

Cancer Registration Form

(Republic of Mauritius)

Ministry of Health & Quality of Life
Central Health Laboratory, Candos

Mauritius Institute of Health
Pamplemousses

1 PATIENT REGISTRY NO. :

2 MULTIPLE PRIMARIES :
1 = First Primary 2 = Second Primary 3 = Third Primary etc.

3 NAME OF HOSPITAL / CLINIC :

4 HOSPITAL CASE NO. :

5 NAME OF PATIENT :
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5.1 Surname 5.2 First name 5.3 Middle name

6 MAIDEN NAME (married women) :

7 SEX : 1 = Male 2 = Female 3 = Unspecified

8 MARITAL STATUS : 1 = Never married 2 = Married 3 = Widowed
4 = Separated/divorced 9 = Not specified

9 AGE (in years at incidence date)
00 = Less than 1 year 99 = Not stated

10 DATE OF BIRTH :
Day Month Year

11 PERMANENT ADDRESS :

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12 OCCUPATION :

13 ETHNIC GROUP :
1 = General Population 2 = Hindu 3 =
Muslim 4 = Sino-Mauritian 5 = Foreigners 9 = Unspecified

14 INCIDENCE DATE :
Day Month Year

15 MOST VALID BASIS OF DIAGNOSIS :
Non-microscopic Microscopic
1 = Clinical only 5 = Cytology

**TO BE FILLED BY
REGISTRY STAFF**

Hospital/Clinic

Tel no.

Town

District

Occupation

TO BE FILLED BY
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- 2 = Clinical investigations
- 3 = Exploratory surgery / autopsy
- 4 = Specific biochemical and / or immunological tests

- 6 = Histology of metastasis
- 7 = Histology of primary
- 8 = Autopsy with concurrent or previous histology

REGISTRY STAFF

16 PRIMARY SITE (TOPOGRAPHY) :

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ICD-O Code

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17 HISTOLOGICAL TYPE (MORPHOLOGY) :

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ICD-O Code

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18 FINAL DESCRIPTION OF EXTENT OF DISEASE (AFTER SURGERY/AUTOPSY) :

- 1 = In situ
- 6 = Distant metastasis
- 2 = Localized
- 8 = Not applicable (for sites other than breast, lung & cervix and for cases diagnosed clinically)
- 3 = Direct extension
- 9 = Unknown
- 4 = Regional lymph node involvement
- 5 = (3 + 4)

19 STAGING (IF APPLICABLE) : T N M

19 OTHER (IF APPLICABLE) :
 Name of other classification

20 TREATMENT AT REPORTING INSTITUTION :

- 0 = No treatment
- 5 = (1 + 4)
- 1 = Surgery
- 6 = (2 + 4)
- 2 = Radiotherapy
- 7 = (1 + 2 + 4)
- 3 = (1 + 2)
- 8 = Other
- 4 = Chemotherapy
- 9 = Unknown

21 DATE OF DEATH :
 Day Month Year

22 CAUSE OF DEATH (ICD CLASSIFICATION) :

 ICD-O CODE

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23 SURVIVAL (IN MONTHS) : MONTHS

24 SOURCE OF DATA ON DEATH : 1 = Hospital 2 = Death Certificate

25 REMARKS :

26 REPORTED BY :

27 DATE OF REPORTING :
 Day Month Year