ABUJA CANCER REGISTER
NATIONAL HOSPITAL ABUJA
NIGERIA

CASE NOTIFICATION FORM

Name of Hospital: 

State: LGA

Patient's Name: (Mr/Mrs/Miss)

Hospital No: Age: Sex: M/F

Address: 

Place of Domicile in the last year)

Duration of place of domicile

Occupation at the time of diagnosis

Occupation in the past 5-10 year prior to diagnosis

Religion: Christian/Moslem/Other (circle as appropriate)

Tribe: (Gwari/Ibo/Yoruba/Hausa/Other (circle as appropriate)

Marital Status: Married/Single/Divorced/Separate (circle as appropriate)

Education Status: None/Primary/Post-Primary/Tertiary (circle as appropriate)

Diagnosis:

Date of Diagnosis Lab No:

Type and site of tumour

Method of Diagnosis: Clinical/X-ray/CT-Scan/Biopsy/Post-mortem and other

Treatment given: None/Traditional/Surgery/Chemotherapy/Radiotherapy/Hormonal/others (circle as appropriate)

Name of Doctor: Signature: Date: