

BOTSWANA CANCER REGISTRY
CONFIDENTIAL
CANCER NOTIFICATION FORM

REGISTRY NUMBER

1. PATIENT'S DETAILS

SURNAME..... OTHER NAMES.....
 ID NUMBER / OMANG..... PLACE OF BIRTH.....
 DATE OF BIRTH...../...../.....(DD/MM/YYYY) AGE.....(NK =00)
 SEX (1 = MALE, 2 = FEMALE, 9 = NK).....
 MARITAL STATUS (1 = SINGLE, 2 = MARRIED, 3 = DIVORCED, 4 = SEPARATED,
 5 = WIDOW, 9 = NK).....
 ETHNIC GROUP (1 = AFRICAN, 2 = EUROPEAN, 3 = COLOURED (MIXED), 4 = ASIAN,
 5 = AFRICAN ALBINO, 6 = OTHER ALBINO, 8 = OTHER, 9 = NK).....
 NATIONALITY (1 = BOTSWANA, 2 = OTHER, 9 = UNK)..... OCCUPATION.....
 USUAL RESIDENTIAL ADDRESS.....
 CONTACT ADDRESS..... TEL.....

ALCOHOL: (1 = NOW, 2 = PAST, 3 = NEVER, 9 = NK).....

TOBACCO: (1 = NOW, 2 = PAST, 3 = NEVER, 9 = NK).... If Yes,
 Type....(1 = CIGARETTES 2 = SNUFF 8 = OTHER)

If cigarettes, number per day..... Number of years of smoked.....

2. HOSPITAL

HOSPITAL/CLINIC..... PATIENT NUMBER.....
 WARD..... • •

REF HOSPITAL/CLINIC..... PATIENT NUMBER.....
 WARD..... • •

SOURCE OF INFORMATION.....

3. TUMOUR

DATE OF DIAGNOSIS...../...../.....DD/MM/YYYY)

BASIS OF DIAGNOSIS

0	Death Certificate Only	5	CYTOLOGY/ HAEMATOLOGY
1	CLINICAL ONLY	6	HISTOLOGY OF METASTASIS
2	CLINICAL PLUS X-RAY/USS	7	HISTOLOGY OF PRIMARY
3	SURGERY	8	AUTOPSY WITH CONCURRENT HISTOLOGY
4	BIOCHEMICAL/IMMUNO TEST	9	UNKNOWN

PRIMARY SITE.....C.....

DIAGNOSIS (HISTOLOGY/CLINICAL)...../.....

EXTENT OF DISEASE

0	IN SITU	4	REGIONAL NODES
1	LOCALISED	5	DISTANT METASTASIS
2	LOCAL EXTENSION ONLY	8	NOT APPLICABLE e.g. KS & haematological Malignancies
3	LOCAL EXTENSION + REGIONAL NODES	9	NOT KNOWN.....

STAGE 0 = IN SITU, 3 = 2A, 6 = 3B, 9 = NK
 1 = 1A, 4 = 2B, 7 = 4A
 2 = 1B, 5 = 3A, 8 = 4B

T....., N....., M.....

HISTOLOGY LAB.....

HISTOLOGY NUMBER...../.....

4. PREVIOUS CANCER(S)

WAS CANCER OTHER THAN CURRENT ONE PREVIOUSLY DIAGNOSED?

1 = YES 2 = NO, 9 = Notknown.

IF YES, DATE OF DIAGNOSIS DD/MM/YYYY)...../...../.....

SITE/TOPOGRAPHY.....C.....

HISTOLOGY/MORPHOLOGY.....

5. TREATMENT

(1 = NO, 2 = YES, 9 = NK)

SURGERY..... RADIOTHERAPY..... CHEMOTHERA.....HORMONE THERAPY
 OTHER TREATMENT..... PALLIATIVE ONLY..... ANTI-RETROVIRALS.....

6. FOLLOW UP & OTHER DISEASES

PRESENT STATUS: 1 = ALIVE, 2 = DEAD, 9 = unknown.....

DATE OF DEATH/LAST CONTACT DD/MM/YYYY)...../...../.....

IF DEAD, CAUSE OF DEATH

OTHER ILLNESS.....,

PLACE OF DEATH.....

HIV STATUS: 1 = Positive, 2= Negative, 9= Unknown.....

REMARKS IF ANY.....

NOTIFIED BY..... DATE (DD/MM/YYYY)...../...../.....