

# SWAZILAND CANCER REGISTRY CANCER ABSTRACT FORM

Tel: 24043064/24049988

Confidential!!!



Cancer Registry Number:

Facility Codes:

National ID No:

Patient Contact No:

NOK Contact No:

## 1. PATIENT

### NAMES:

First Name	Middle Name	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

SEX:  (1=Male, 2= Female, 9= Unknown)

BIRTH DATE: (DD/MM/YYYY)

RACE:  (1=Black, 2=White, 3=Coloured, 4=Asian, 5=Other, 9= Uknown),

AGE:  Yrs

### ADDRESS:

Region	Minor Area (Inkhundla)	Major Area (chiefdom)
<input type="text"/>	<input type="text"/>	<input type="text"/>

OCCUPATION: .....

### CANCER RISK FACTORS

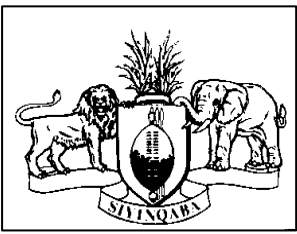
HIV status: 1= POS, 2 = NEG 9 = UNKNOWN

IF HIV POSITIVE, 1=ON ART

, 2= NON-ART

, 9= UNKNOWN

OTHER CHRONIC DISEASES.....



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## 2. TUMOUR

Date of incidence:      (dd/mm/yyyy)

Basis of diagnosis:  (0= Death Certificate only, 1= Clinical only, 2= Clinical investigations (X-ray, Endoscopy, MRI, CT/US Scan etc. 4= Specific tumour markers, 5= Cytology/Haematology, 6= Histology of metastasis, 7= Histology of Primary, 9= Unknown)

Primary site of tumour: .....

Morphology: .....    /

Laterality  (LT= Left, RT= Right, BL= Bilateral, NA= Not Applicable, NK= Unknown)

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

## 3. TREATMENT

Surgery  Radiotherapy  Chemotherapy  Hormonal  Immunotherapy

Other (Specify)..... (1=Yes, 2= No, 9= Unknown)

Date of Treatment:

## 4. SOURCE OF INFORMATION

Institution/Hospital: .....   Unit/Ward: .....

Case number: .....

Date of Source:      (dd/mm/yyyy)

Laboratory: .....   Lab number: .....

## 5. FOLLOW UP

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

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

Cause of death:  (1 = this cancer, 2 = other cause, 3= Not applicable, 9 = Unknown)

Referred from: .....   Referral No: .....

Referred to: .....   Referral No: .....

Form filed by: \_\_\_\_\_ Date: \_\_\_\_\_ Sign: \_\_\_\_\_

Data entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Sign: \_\_\_\_\_