

**CANCER NOTIFICATION FORM**

Malawi National Cancer Registry  
PO Box 95, Blantyre, Malawi  
Tel/Fax: 265 1 674724

CONFIDENTIAL

REGISTRATION NUMBER:.....

**1. PERSONAL INFORMATION**

Surname:..... Forename..... Maiden Name..... |.....

Age..... Date of Birth:...../...../.....

Sex.....(1=male 2=female 9=unknown)

Place of residence.....

Place of Birth.....

Occupation: ----01=farmer 02=manual lab =03=industrial 04=office 05=teacher  
06=professional 07=housewife 08=businessman 88=child 09=other

Race.....(1=Africa 2=caucasian 3=Asian 4=coloured 5=oriental 6=Albino 8=Other 9=nk)

Habits: .....(1=Smoking; 2=Drinking; 3=Smoking & Drinking; 9=Unknown)

**2. TUMOUR DATA**

Site.....

Morphology.....

Tumour grade..... (1=well differentiated, 2=moderately well differentiated, 3=poorly differentiated 4=undifferentiated)

Basis of diagnosis.....(0=death certificate 1=clinical only 2=clinical tests 3=Exploratory surgery  
5=cyto/haematology 6=Histology metastases 7=Histology prim 8=Autopsy 9= unknown)

Date of diagnosis...../...../.....

Histology/ Cytology Number.....

Stage.....(0=in situ; 1=local; 2=regional; 3=distant; 8=not applicable; 9=NK)

Nature of primary tumour.....(1=first primary 2=multiple primaries)

**3. HOSPITAL INFORMATION**

Hospital No.;.....Hospital Code;.....Consultant;.....

Current therapy;.....(0=none 1=chemotherapy 2=radiotherapy 3=Surgery 4=Hormonal 5=Palliative 9=unknown)

**4. FOLLOW UP/DATE LAST SEEN**

Present status.....(1= Alive 2=Dead 9=unknown)

Date Last known alive...../...../.....

Date of death...../...../.....

Notified by.....