

ZIMBABWE CANCER REGISTRY

PARIRENYATWA HOSPITAL, MAZOWE STREET, P.O.BOX A449, AVONDALE, HARARE, ZIMBABWE, TEL: 731000, 707707, 730553, 794445

CONFIDENTIAL

CANCER NOTIFICATION FORM

NCR 1 (2009 REVISION)

REGISTRY NUMBER

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1. PATIENT

SURNAME: _____ OTHER NAMES: _____

I.D. CARD NUMBER

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 PLACE OF BIRTH : _____

DATE OF BIRTH

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 (DD/MM/YYYY) AGE

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 (NK=99) SEX (1=MALE, 2=FEM, 9=NK)

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MARITAL STATUS (1=SING, 2=MAR, 3=DIV, 4=SEP, 5=WID, 6= COHAB, 9=NK)

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 RACE (1=AFR, 2=EUR, 3=COL, 4=ASI, 5=AFR ALB 6=OTHER ALB, 8=OTHER, 9=NK)

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CITIZENSHIP (1=ZIM, 8=OTHER, 9=NK)

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 OCCUPATION _____

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USUAL RESIDENTIAL ADDRESS: _____

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OTHER ADDRESS: _____

TELEPHONE/MOBILE NUMBER: _____

2. HOSPITAL

HOSPITAL: _____

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 PATIENT NO. _____ WARD _____

REF. HOSPITAL: _____

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 PATIENT NO. _____ WARD _____

SOURCE OF INFORMATION: _____

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3. TUMOUR

DATE OF DIAGNOSIS:

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 (DD/MM/YYYY) DURATION OF SYMPTOMS _____

BASIS OF DIAGNOSIS: (0=DCO, 1=CLIN ONLY, 2=CLIN INC, X RAY, USS 3 =SURGERY 4=BIOCHEM/IMMUNO TEST 5=CYTOLOGY/HAEMATOLOGY, 6= HISTO OF METS 7=HISTO PRIM 8=HISTO METS, 9=NK)

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PRIMARY SITE/TOPOGRAPHY: _____ C .

DIAGNOSIS/MORPHOLOGY: _____

_____ /

EXTENT OF DISEASE (0=IN, SITU 1=LOC 2=LOCAL EXT ONLY 3 LOCAL EXT + REG NODES 4= REG NODES 5=DISTANT METASTASIS 8=NOT APPLICABLE e.g KS & HAEMOTOLOGICAL MALIGNANCIES 9 = NOT KNOWN)

STAGE (0=IN SITU 1=1A 2=1B 3=2A 4=2B 5=3A 6=3B 7=4A 8=4B 9=NOT KNOWN) _____

HISTOLOGY LAB: _____ HISTOLOGY NUMBER _____ /

4. PREVIOUS CANCER

WAS CANCER OTHER THAN CURRENT ONE PREVIOUSLY DIAGNOSED? (1=YES, 2=NO, 9=NK)

IF YES, DATE OF DIAGNOSIS: /

SITE/TOPOGRAPHY: C . HISTOLOGY/MORPHOLOGY: /

5. INITIAL TREATMENT (1=YES, 2=NO, 9=NK)

SURGERY	<input type="checkbox"/>	RADIOTHERAPY	<input type="checkbox"/>	CHEMOTHERAPY	<input type="checkbox"/>
HORMONE THERAPY	<input type="checkbox"/>	PALLIATIVE ONLY	<input type="checkbox"/>	ANTI-RETROVIRAL	<input type="checkbox"/>
OTHER TREATMENT	<input type="checkbox"/>	NOT KNOWN	<input type="checkbox"/>		

6. FOLLOW-UP AND OTHER DISEASES

VITAL STATUS (1=ALIVE, 2=DEAD, 9=NK) DATE OF DEATH/LAST CONTACT /

IF DEAD, CAUSE OF DEATH: _____

OTHER DISEASES: _____ PLACE OF DEATH: _____

HIV STATUS: _____ HIV NUMBER: _____

REMARKS IF ANY: _____

NOTIFIED BY: _____ DATE: _____