

TUMOUR INFORMATION

Full Diagnosis.....

Site of Tumour.....

Pathology Report/ Radiology/Scope/.Disease History/Notes

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Ever had Pap-smear? Yes No Unknown

Year? Parity.....

Ever had PSA Testing? Yes No Unknown Year.....

Pathology Number

Topography C /

Morphology M /

Behaviour

Extent of Disease 1 2 3 4 Unknown

Stage of Disease I II III IV Unknown

HIV Status: Negative Positive Unknown

Incidence Date

Basis of Diagnosis: Clinical only Radiography Pathology Death Certificate Only

Scan Unknown Other Specify

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TREATMENT

Surgery Radiotherapy Chemotherapy Hormone Therapy Immunotherapy
Palliative

Unknown Other (Specify)

VITAL STATUS

Date of last follow-up Alive Dead

Abstraction done by:

Please print name