



**ABUJA CANCER REGISTER**  
**NATIONAL HOSPITAL ABUJA**  
**NIGERIA**

**CASE NOTIFICATION FORM**

Name of Hospital: -----

State:----- LGA -----

Patient's Name: (Mr/Mrs/Miss) -----

Hospital No: ----- Age: ----- Sex: M/F-----

Address:-----

Place of Domicile in the last year)

Duration of place of domicile -----

Occupation at the time of diagnosis -----

Occupation in the past 5-10 year prior to diagnosis -----

Religion: Christian/Moslem/Other (circle as appropriate)

Tribe: (Gwari/Ibo/Yoruba/Hausa/Other  
(circle as appropriate)

Marital Status: Married/Single/Divorced/Separate  
(circle as appropriate)

Education Status: None/Primary/Post-Primary/Tertiary  
(circle as appropriate)

Diagnosis:-----

Date of Diagnosis ----- Lab No: -----

Type and site of tumour -----

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Method of Diagnosis: Clinical/X-ray/CT-Scan/Biopsy/Post-mortem and other

Treatment given: None/Traditional/Surgery/Chemotherapy/Radiotherapy/Hormonal/others  
(circle as appropriate)

Name of Doctor:----- Signature: ----- Date: -----