

CONFIDENTIAL

Cancer Notification Form Hong Kong Cancer Registry, Hospital Authority

Patient Information *(patient ID label may be used)*

for Office use	
Serial no. :	

Case registration no. : _____

HKID card /
Passport no.: _____Name : _____
*(In English - Surname first, then Other Names)*Sex : M
 FDate of birth : _____ / _____ / _____
*(Day / Month / Year)*Age : _____
*(In Years)*Ethnicity Chinese
 Others, please specify _____

Current Cancer *(one notification for each primary tumor)*

Primary site : _____

Date of diagnosis: _____ / _____ / _____
*(Day / Month / Year)*Basis of diagnosis: *(please "✓" one or more boxes)*

- Microscopic : Histology Cytology Haematology
Non-microscopic Clinical grounds Radiological evidence Tumor marker
 Unknown or others, please specify _____

for Office use		

Histology: _____

for Office use		

Stage Information at Diagnosis

Staging convention : UICC/AJCC FIGO Dukes' Others, please specify _____
(please "✓")

Stage : _____ TNM : T _____ N _____ M _____

Staging based on Clinical/radiological evidence
(please "✓") Surgical-pathological findings

Previous History of Cancer(s) *(if any)*

1st Primary site : _____

Date of diagnosis: _____ / _____
(Month / Year)

2nd Primary site : _____

Date of diagnosis: _____ / _____
*(Month / Year)*Further Remarks *(if any)*: _____

Reporting Source

Notified by : _____
(Name and post)

Hospital/institute : _____

Daytime telephone no. : _____

Date reported: _____

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Please send this form to us either through mail or fax: (Address) see overleaf; (Fax) 2958-5559.
For more information, please contact us by: (Tel) 2958-6021; (E-mail) cancereg@ha.org.hk; (Website) <http://www.ha.org.hk/cancereg>.

First Fold Here 此處係第一摺

Second Fold Here 此處係第二摺



**HOSPITAL
AUTHORITY**
醫院管理局

Affix stamp
here

**Hong Kong Cancer Registry
c/o Department of Clinical Oncology
Queen Elizabeth Hospital
30 Gascoigne Road
Kowloon
Hong Kong**

Seal with glue. Do not use staples. 請用膠水封口, 切勿用釘書機封口