

CONFIDENTIAL

Cancer Notification Form

Hong Kong Cancer Registry, Hospital Authority

for Office use	
Serial no. :	

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

Case registration no. : _____ HKID card / Passport no.: _____

Name : _____ Sex : M
(In English - Surname first, then Other Names) F

Date of birth : _____ / _____ / _____ Age : _____ Ethnicity: Chinese
(Day / Month / Year) *(In Years)* 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: _____

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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

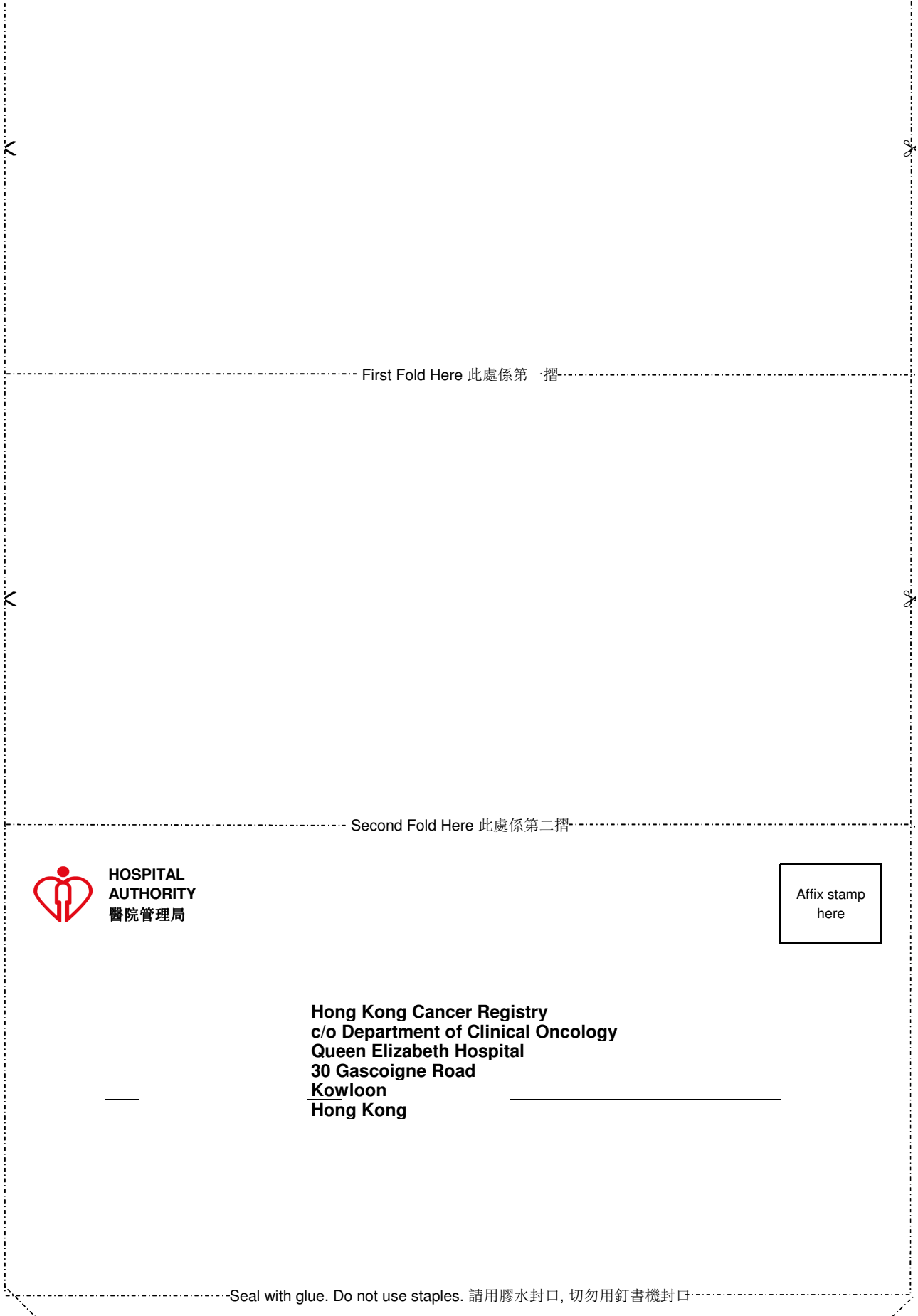
Notified by : _____ Hospital / institute : _____
(Name and post)

Daytime telephone no. : _____ Date reported: _____

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Please send this form to us either through mail or fax: (Address) see overleaf; (Fax) 3506-5559.

For more information, please contact us by: (Tel) 3506-6021; (E-mail) cancereg@ha.org.hk; (Website) <http://www3.ha.org.hk/cancereg>.



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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