SINGAPORE CANCER REGISTRY

National Registry of Diseases Office Health Promotion Board Level 5, 3 Second Hospital Avenue Singapore 168937

Tel: (65) 64353067 / 9 or E-mail: hpb_servicenrdo@hpb.gov.sg

CANCER NOTIFICATION FORM
(Explanatory notes overleaf)

Reg. No. Registry Use

E-Notification: www.hpp.moh.gov.sg

L PARTICULARS (OF PATIENT (Please √appro	ppriate box where applicable)	
Name of Patient (BLOCK LETTERS)(Underline Family/Last Name)* NRIC/Passport No. / Foreign Identification No. (FIN)*			
Gender	Date of Birth*	Ethnic Group	Resident Status
			☐ Indian Singapore Resident ☐ Eurasian 1 ☐ Singapore Citizen 2 ☐ Singapore PR
2 Female d d m m y y y y 8 Others			
	If DOB unknown, specify A	GE STATE	Non-resident: (please state country of residence)
			3 Malaysia 4 Indonesia 8 Others
Country of Birth 1 Singapore 2 Malaysia 3 China 4 Indonesia 5 India 8 Others			
II. HOSPITAL / CLINIC			
Notifying Hospital / Center* Department / Clinic			
Registry Use			i i
Doctor / Consultant in Charge Hospital / Clinic Responsible for Subsequent Treatment / Follow-up Same as above Registry Us			
III. DIAGNOSIS			
Date of Diagnosis* Primary Site (Please specify primary organ or site of cancer and exact location if possible)*			
Registry Use			
Basis of Diagnosis (Check one or more on applicable) Histological Diagnosis			
(Check one or more as applicable) Registry Use			
1 Death Certificate Only			Grade / Differentiation
2 Clinical Only 5 Cytology (Lab No			1 Well 5 T-Cell 9 N.O.S
			2 Moderate 6 B-Cell
<u> </u>			3 Poor 7 Null Cell
Screen detected: 1 Yes 2 No 3 Not available			4☐ Undifferentiated 8☐ NK Cell
IV. PRESENT STATUS Cause of Death			
1 Alive	Alive Date of Death		Stude of Beauti
2 Dead		m m y y y	
Z 🔲 Deau	Place of Death		Registry Use
TV OLINIONI OTACINO O TREATMENT			
V. CLINICAL STAGING & TREATMENT Clinical Stage (cTNM) Treatment (check one or more as applicable)			
T			5 Hormones
Sizecm 2 Surgery			Date of Initiation
N Date of Initiation d d m m y y		ion d d m m y y	y y
M		у	C Distantial / Other Theorem
Stage Grouping Date of Initiation		ion L L L L L L L	6 Biological / Other Therapy
1		aam myy	y Date of Initiation d d m m v v v v
Classification Manual A Chemotherapy Date of Initiation			u u iii iii y y y y
	Date of initiat		
VI. RISK FACTOR			
Smoking 1 Current Smoker 2 Ex-Smoker 3 Never 4 Missing			
Now of Notificial			Name of Notifying Doctor:
Notification Grant			
Registry Use			
Date of Notification (dd/mm/yyyy)			
			1

EXPLANATORY NOTES

CASES TO BE NOTIFIED

1. Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells.

Reportable cases* are:

- a) malignant neoplasms such as carcinoma, sarcoma, melanoma, lymphoma and leukemia
- b) in-situ neoplasms
- c) neoplasms with borderline or uncertain malignant potential
- d) all tumours (malignant, in-situ, borderline and benign) of the brain and other parts of central nervous system including pituitary gland, craniopharyngeal duct and pineal gland.
- 2. All cases diagnosed in Singapore regardless of citizenship or place of domicile of the patient.
- 3. All cases even if you think it may have been notified by another doctor previously.
- 4. Please notify cases immediately and <u>not later than 3 months</u> after diagnosis with cancer or treatment for that cancer.
- 5. Please notify the Registry if there is a change in diagnosis.

PROCEDURE FOR SUBMISSION

- 6. Submission may be made in the following manner:
- a) by hand (including courier services)
- b) by registered mail; or
- c) by using such secured electronic notification system as may be approved by the Registrar.
- d) Please DO NOT submit the notification form via email or fax.

ITEMS OF INFORMATION

7. 'Diagnosis' - This refers to the diagnosis at the time of notification. The diagnosis may be stated as 'carcinoma of the stomach', 'sarcoma of the left femur', 'cancer of left lung', 'cancer of liver', etc.

NATIONAL REGISTRY OF DISEASES ACT 2007 (ACT 56 of 2007) (NOTIFICATION OF CANCER) REGULATIONS 2009

Notification of cancer is mandatory in accordance to the National Registry of Diseases Act 2007. Please duly fill in the minimum data items (in asterisk) in pursuant to Section 6(1) of the National Registry of Diseases (NRD) Act 2007. You may also submit information on the other items in the form in pursuant to Section 7(2) of the NRD Act 2007.