CONFIDENTIAL**

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

I. PARTICULARS OF PATIENT (Please ✓appropriate box where applicable)

Name of Patient (BLOCK LETTERS)(Underline Family/Last Name)*

NRIC/Passport No. / Foreign Identification No. (FIN)*

Gender
1 ☐ Male
2 ☐ Female

Date of Birth*
d d m m y y y y
If DOB unknown, specify AGE

Ethnic Group
1 ☐ Chinese 3 ☐ Indian
2 ☐ Malay 4 ☐ Eurasian
8 ☐ Others

Resident Status
Singapore Resident
1 ☐ Singapore Citizen 2 ☐ Singapore PR
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* *Registry Use*

Department / Clinic *Registry Use*

Doctor / Consultant in Charge

Hospital / Clinic Responsible for Subsequent Treatment / Follow-up
☐ Same as above
☐ Others *Registry Use*

III. DIAGNOSIS

Date of Diagnosis*
d d m m y y y y

Primary Site *(Please specify primary organ or site of cancer and exact location if possible)** *Registry Use*

Basis of Diagnosis
(Check one or more as applicable)
1 ☐ Death Certificate Only
2 ☐ Clinical Only
3 ☐ Clinical Investigation
4 ☐ Specific Tumor Markers
5 ☐ Cytology (Lab No. ……)
6 ☐ Metastasis (Lab No. ……)
7 ☐ Primary Tumor (Lab No. ……)

Histological Diagnosis *Registry Use*

Grade / Differentiation
1 ☐ Well 5 ☐ T-Cell 9 ☐ N.O.S
2 ☐ Moderate 6 ☐ B-Cell
3 ☐ Poor 7 ☐ Null Cell
4 ☐ Undifferentiated 8 ☐ NK Cell

Screen detected: 1 ☐ Yes 2 ☐ No 3 ☐ Not available

IV. PRESENT STATUS

1 ☐ Alive
2 ☐ Dead

Date of Death
d d m m y y y y

Place of Death

Cause of Death *Registry Use*

V. CLINICAL STAGING & TREATMENT

Clinical Stage (cTNM)
T ……
Size …… cm
N ……
M ……
Stage Grouping
……
Classification Manual
……

Treatment *(check one or more as applicable)*
1 ☐ No Treatment
2 ☐ Surgery
Date of Initiation
d d m m y y y y
3 ☐ Radiotherapy
Date of Initiation
d d m m y y y y
4 ☐ Chemotherapy
Date of Initiation
d d m m y y y y
5 ☐ Hormones
Date of Initiation
d d m m y y y y
6 ☐ Biological / Other Therapy ……
Date of Initiation
d d m m y y y y

VI. RISK FACTOR

Smoking 1 ☐ Current Smoker 2 ☐ Ex-Smoker 3 ☐ Never 4 ☐ Missing

Source of Notification ☐ Spontaneous ☐ On request ☐ Registry Staff *Registry Use*

Date of Notification (dd/mm/yyyy)

Name of Notifying Doctor:

***MANDATORY DATA FIELDS | ** THE INFORMATION IN THE FORM NEEDS TO BE KEPT CONFIDENTIAL AFTER THE FORM HAS BEEN FILLED.**
CONFIDENTIAL**

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 not later than 3 months 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.