

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.sgCANCER NOTIFICATION FORM
(Explanatory notes overleaf)

Reg. No.

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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* <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> If DOB unknown, specify AGE										d	d	m	m	y	y	y	y																																																																
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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*		Department / Clinic																																																																																	
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Doctor / Consultant in Charge		Hospital / Clinic Responsible for Subsequent Treatment / Follow-up																																																																																	
		☐ Same as above ☐ Others																																																																																	
III. DIAGNOSIS																																																																																			
Date of Diagnosis*		Primary Site (Please specify primary organ or site of cancer and exact location if possible)*																																																																																	
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Basis of Diagnosis (Check one or more as applicable)		Histological Diagnosis																																																																																	
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.)		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		Cause of Death																																																																																	
Date of Death <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> Place of Death										d	d	m	m	y	y	y	y	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Registry Use																																																																	
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V. CLINICAL STAGING & TREATMENT																																																																																			
Clinical Stage (cTNM)		Treatment (check one or more as applicable)																																																																																	
T Size cm N M Stage Grouping Classification Manual		1 ☐ No Treatment 2 ☐ Surgery Date of Initiation <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> 3 ☐ Radiotherapy Date of Initiation <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> 4 ☐ Chemotherapy Date of Initiation <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> 5 ☐ Hormones Date of Initiation <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> 6 ☐ Biological / Other Therapy Date of Initiation <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>										d	d	m	m	y	y	y	y									d	d	m	m	y	y	y	y									d	d	m	m	y	y	y	y									d	d	m	m	y	y	y	y									d	d	m	m	y	y	y	y
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VI. RISK FACTOR																																																																																			
Smoking 1 ☐ Current Smoker 2 ☐ Ex-Smoker 3 ☐ Never 4 ☐ Missing																																																																																			
Source of Notification ☐ Spontaneous ☐ On request ☐ Registry Staff		Name of Notifying Doctor:																																																																																	
Date of Notification (dd/mm/yyyy)																																																																																			

*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.