

CONFIDENTIAL****SINGAPORE CANCER REGISTRY**

National Registry of Diseases Office
Health Promotion Board
Level 5, 3 Second Hospital Avenue
Singapore 168937
E-mail: hpb_servicenrdo@hpb.gov.sg

CANCER NOTIFICATION FORM
(Explanatory notes overleaf)
 Reg. No.

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 Registry Use
E-Notification: www.nrdo.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)* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																									
Gender 1 ☐ Male 2 ☐ Female	Date of Birth* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 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* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Registry Use										Department / Clinic <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Registry Use																																	
Doctor / Consultant in Charge		Hospital / Clinic Responsible for Subsequent Treatment / Follow-up ☐ Same as above ☐ Others <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Registry Use																																									
III. DIAGNOSIS																																											
Date of Diagnosis* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> d d m m y y y y										Primary Site (Please specify primary organ or site of cancer and exact location if possible)* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Registry Use																																									
Screen detected: 1 ☐ Yes 2 ☐ No 3 ☐ Not available		Grade / Differentiation 1 ☐ Well 5 ☐ Low 9 ☐ NOS/ Unknown 2 ☐ Moderate 6 ☐ Intermediate 3 ☐ Poor 7 ☐ High 4 ☐ Undifferentiated 8 ☐ Others, pls specify _____																																									
IV. PRESENT STATUS																																											
1 ☐ Alive 2 ☐ Dead	Date of Death <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> d d m m y y y y Place of Death									Cause of Death <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Registry Use																																	
V. CLINICAL STAGING & TREATMENT																																											
Stage -clinical (c) / - pathological (p) Tumor Size cm T.....(c/p) N.....(c/p) M.....(c/p) Stage Grouping Classification Manual	Treatment (check one or more as applicable) 1 ☐ No Treatment 2 ☐ Surgery Date of Initiation <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> d d m m y y y y 3 ☐ Radiotherapy Date of Initiation <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> d d m m y y y y 4 ☐ Chemotherapy Date of Initiation <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> d d m m y y y y 5 ☐ Hormones Date of Initiation <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> d d m m y y y y 6 ☐ Biological / Other Therapy Date of Initiation <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> d d m m y y y y																																										
VI. RISK FACTOR																																											
Smoking 1 ☐ Current Smoker 2 ☐ Ex-Smoker 3 ☐ Never 4 ☐ Missing																																											
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.

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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 tumors (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) Encrypted softcopy via email to: HPB_nrdo_notification@hpb.gov.sg
(Password should be sent in separate channels)
 - b) E-notification www.nrdo.gov.sg via Corppass
 - c) Highway portal -<https://highway.gov.sg> (please contact NRDO to establish the submission link)

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.