# National Cancer Registry Programme

## Core Form - Basic

### I. Identifying Information

1. **Registration Number**
   
   (First 2 digits are for year of registration and the next 5 digits for actual registration number)

<table>
<thead>
<tr>
<th>Year</th>
<th>Reg. No</th>
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</table>

2. **Name of Participating Centre**

<table>
<thead>
<tr>
<th>Centre Code</th>
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</table>

2.3 **Date of Registration at Source of Registration / Date of Reporting at this Hospital - Reporting Institution (RI)**

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<thead>
<tr>
<th>dd</th>
<th>mm</th>
<th>yy</th>
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</table>

2.4 (a) **Name of Department / Unit**

(b) **Name of Physician**

<table>
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<tr>
<th>Mobile No.</th>
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3. **Name of Source of Original Referral**

4. **Date of First Diagnosis**

   (Date of first attendance to any hospital for this disease - generally the earliest of dates)

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<th>yy</th>
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5. **Full Name of Patient**

   (At least one name is mandatory)

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<th>First</th>
<th>Last</th>
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</table>

6. **Age (in years)**

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7. **Sex**

   - Male
   - Female
   - Others

8. **Place of Residence**

   **Urban Areas (Town / Cities)**

   - House No.
   - Road / Street Name
   - Area / Locality
   - Ward / Corporation / Division
   - Name of City / Town

   **Non-urban / Rural Areas**

   - House No. and Ward
   - Name of Gram Panchayat / Village, etc.
   - Name of Sub-Unit of District (Taluk / Tehsil / Other)

   **Name of PHC / Sub Centre**

   **Postal Pin Code**

   **Telephone No(s).**

   - Off.
   - Res.

   **Mobile**

<table>
<thead>
<tr>
<th>Email ID</th>
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</thead>
</table>

   **Unique Identification Number**

### II. Diagnostic Details

10.1 **Broad Method of Diagnosis**

   - Clinical Only
   - Microscopic
   - X-Ray / Imaging Techniques
   - ECO
   - Others
   - Unknown

<p>| |</p>
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</table>

   - **Single Selection**: X
   - **Multiple Selection**: ☑
10.2 Detailed Method of Diagnosis

Microscopic
- Histology of Primary
- Histology of Metastasis
- Autopsy with Histology
- Bone Marrow
- Blood Film
- Cytology of Primary
- Cytology of Metastasis

X-Ray / Imaging Techniques
- X-Ray
- Isotope
- Angiography
- Ultrasoundogram
- All Others (Specify)

Others
- Endoscopy
- Surgery or Autopsy without Histology
- Specific Biochemical and / or Immunological Tests
- Others (Specify)

11. Anatomical Site of Specimen / Biopsy / Smear

12.1 Pathology Slide No. ____________________________

12.2 Complete Pathological Diagnosis (with complete description of Primary Site of Tumour and Morphological Diagnoses)

(a) Primary Site of Tumour - Topography ____________________________ C [ ] *

(b) Histology - Morphology ____________________________ M [ ]

13. Site of Tumour (ICD-10)

14. Laterality
- Not a paired site
- Right
- Bilateral involvement, lateral origin unknown
- Left
- Paired site, but no information concerning laterality

16. Scourch
- One Primary Only
- Third of three or more primaries
- First of two or more primaries
- Unspecified sequence number (Unknown)
- Second of two or more primaries

III Details of Stage and Treatment

16. Clinical Extent of Disease Before Treatment

- Localised
- Direct Extension with Regional Nodes
- Too Advanced -
- Recurrent

17.1 Staging System Followed

- TNM
- Others (Specify)

17.2 TNM (Tumour, Node, Metastasis)

17.3 Composite Stage

18.1 Cancer Directed Treatment Given at RI

18.2 If Yes,

(a) Type of Treatment Given

- Surgery
- Hormone Therapy
- Radiotherapy
- Others (Specify)

(b) Date of Commencement of Treatment at RI

19. Date of Death

20. Name of Person Completing Form (in capital letters)

Signature ____________________________

Date ____________________________

M - Mandatory; R - Recommended.