



NATIONAL CANCER SURVEILLANCE FORM



H 1256

Hospital / Institute

Clinic File No.

Consultant :

Date of Registration: Y Y Y Y M M D D

රෝගියාගේ විස්තර நோயாளர் விபரங்கள் Patient Details

සම්පූර්ණ නම:
முழுப்பெயர்:
Full Name:

වයස:
வயது:
Age:

උපන් දිනය:
பிறந்த திகதி:
Date of Birth: Y Y Y Y M M D D

ස්ත්‍රී පුරුෂ භාවය:
பால்:
Sex :
1. පිරිමි /ஆண் /Male
2. ගැහැණු /பெண் /Female

ජාතික හැඳුනුම්පත් අංකය:
தேசிய அடையாள அட்டை இல:
National Identity Card No :
[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

ස්ථිර ලිපිනය:
நிரந்தா முகவரி:
Permanent Address:
.....
.....
.....

දැනට පදිංචි ලිපිනය (ස්ථිර ලිපිනයට වඩා වෙනස් නම් පමණක්)
தொடர்பு கொள்ளும் விலாசம் (நிரந்தா விலாசத்துடன் மாறுமீடத்து மட்டும்)
Contact Address (Only if different from permanent address)
.....
.....
.....

දිස්ත්‍රික්කය:
மாவட்டம்:
District:
ප්‍රාදේශීය ලේකම් කොට්ඨාශය:
பிரதேச செயலாளர் பிரிவு:
Divisional Secretariat Division:
ග්‍රාම නිලධාරී කොට්ඨාශය:
கிராம சேவையாளர் பிரிவு:
Grama Niladari Division:

දුරකථන අංකය:
தொலைபேசி இலக்கம்:
Telephone No :
ස්මාර්ට් දුරකථන අංකය:
தொலைபேசி இலக்கம்:
Mobile No :
.....

රැකියාව:
தொழில்:
Occupation:

ජන වර්ගය:
இனம்:
Ethnic Group:
1. සිංහල/சிங்களம்/Sinhala
2. දෙමළ/தமிழ்/Tamil
3. මුස්ලිම්/முஸ்லீம்/Moor
4. වෙනත්/மற்றையோர்/Other

ආගම:
மதம்:
Religion:
1. බෞද්ධ/பௌத்தம்/Buddhist
2. ක්‍රිස්තියානි/கிறிஸ்தவர்/Christian
3. හින්දු/இந்து/Hindu
4. ඉස්ලාම්/இஸ்லாம்/Islam
5. වෙනත්/ஏனைய/Other

විවාහක/අවිවාහක බව:
திருமணமானவரா/பிற:
Marital Status :
1. අවිවාහක/திருமணமாகாதவர்/Unmarried
2. විවාහක/திருமணமானவர்/Married
3. දික්කසාද/விவாகரத்து செய்தவர்/Divorced
4. වැන්දඹු/விதவை/Widowed
5. වෙන්වූ /பிரிந்து வாழ்பவர்/Separated

මමේ ළමයාට ආබාධයක් වැළඳී තිබේ ද?
உங்கள் குடும்பத்தில் வேறு யாராவது புற்றுநோயினால் பீடிக்கப்பட்டுள்ளாரா?
Has any family member suffered from cancer

මව්:
ஆம்:
Yes:

නැත:
இல்லை:
No:

පිළිතුර "මව්" නම්,
விடை "ஆம்" எனில்
If answer is "yes",

මමට ඇති ආබාධ සම්බන්ධය:
உறவு முறை:
Relationship:
.....
.....

පිළිකාව වැළඳුන ස්ථානය:
புற்றுநோய் தாக்கிய இடம்:
Site of Cancer:
.....
.....

යොමුකරන ලද රෝහල / பரிந்துரைத்த வைத்தியசாலை / Hospital Referred

Tumour Details

For the use of NCCP only

Primary Site of Cancer (Topography)

Histology (Morphology)

ICDO Code

ICDO Code

Behaviour

- (0) Benign
- (1) Uncertain Behaviour
- (2) In Situ
- (3) Malignant Primary Site
- (6) Malignant Metastatic Site

Differentiation / Grade-

- (1) Well / Low Grade/ Grade I
- (2) Moderate/ Intermediate Grade/ Grade II
- (3) Poor /High Grade / Grade III
- (4) Undifferentiated/Anaplastic / Grade IV
- (5) T -cell
- (6) B-cell (Pre - B, B - precursor)
- (7) Null cell (Non T -Non B)
- (8) NK cell (Natural killer cell)
- (9) Not Stated

Laterality

- (1) Not a paired site
- (2) Right
- (3) Left
- (5) Right or Left unknown
- (6) Bilateral Involvement

Most valid basis of diagnosis

- 0 Death Certificate Only
- 1. Clinical Only (Without Investigations)
- 2. Clinical, Investigation Including X-Ray, USS, CT Etc.(Imaging Only)
- 3. Exploratory Surgery (Without histology eg. Laparatomy)
- 4. Specific Biochemical / Immunological test Only (eg. PSA)
- 5. Cytology / Hematology Only
- 6. Histology of Metastasis
- 7. Histology of Primary
- 8. Autopsy with concurrent histology
- 9. Unknown

Date of diagnosis (Date of Incidence)

Y Y Y Y M M D D

{ Date of frist unequivocal (definite) clinical diagnosis is the most valid date of diagnosis }

TNM Status

T N M

Clinical Staging (Choose the correct stage from the list below and enter the code)

Stage 0	(1) 0						
Stage I	(2) I	(3) IA	(4) IA1	(5) IA2	(6) IB	(7) IB 1	(8) IB2
Stage II	(9) II	(10) II A	(11) IIB				
Stage III	(12) III	(13) III A	(14) III B	(15) III C			
Stage IV	(16) IV	(17) IV A	(18) IVB	(19) IVC			

Clinical Staging / risk categorization (for Haematological malignancies)

Multiple Primary (Separate forms need to be filled)

Site

Histology

Date of Diagnosis

Y Y Y Y M M D D

Recurrence

Site

Date of recurrence

Y Y Y Y M M D D

Treatment

- 1. Cancer directed surgery
- 2. Radiotherapy
- 3. Chemotherapy
- 4. Hormone therapy
- 5. Other

Remarks

Referred to

Date of last contact

Y Y Y Y M M D D

Status as at last contact

Alive

Dead

Name

Signature

(This form was developed by the NCCP in consultation with the cancer treatment centres.)