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:
நிரந்தர முகவரி:
Permanent Address:

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

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දිස්ත්‍රික්කය:
மாவட்டம்: .....
District:

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

ප්‍රාදේශීය ලේකම් කොට්ඨාශය:
பிரதேச செயலாளர் பிரிவு: .....
Divisional Secretariat Division:

ජංගම දුරකථන අංකය:
தொலைபேசி இலக்கம்:.....
Mobile No :

ග්‍රාම නිලධාරී කොට්ඨාශය:
கிராம சேவையாளர் பிரிவு: .....
Grama Niladari Division:

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/விவாவகரத்து செய்தவர்/Divorced
4 වැන්දඹු/விதவை/Widowed
5 වෙන්වූ /பிரிந்து வாழ்பவர்/Separated

ඔබේ ළඟම ඥාතියකුට පිළිකාවක් වැළඳී තිබේ ද?
உங்கள் குடும்பத்தில் வேறு யாராவது புற்றுநோயினால் பீடிக்கப்பட்டுள்ளாரா?
Has any family member suffered from cancer

ඔව්:
ஆம்:
Yes:

නැත:
இல்லை:
No:

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

ඔබට ඇති ඥාති සම්බන්ධය:
உறவு முறை:
Relationship:

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

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යොමුකරන ලද රෝහල / பரிந்துரைத்த வைத்தியசாலை / Hospital Referred

Tumour Details

For the use of NCCP only	
ICDO Code	
ICDO Code	

Primary Site of Cancer (Topography)

Histology (Morphology)

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) I A2	(6) I B	(7) I B 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			

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.)

CM 030134c-50,000 (2019/06) Department of Government Printing.