Empty Print Save

Notification to the Finnish Cancer Registry

ATT: You can ONLY save the form, not the content.

Personal identifier	Full name	1 ☐ Male 2 ☐ Female
Postal code	Municipality of residence	

Previous cancer (if any):
Primary site .....

Where treated ..... Date of diagnosis .....

CURRENT NEOPLASM Primary site

Date of diagnosis
..... / ..... / .....

Basis of diagnosis (one or more choices)

1 ☐ Clinical 3 ☐ X-ray 5 ☐ Histology from primary tumour 7 ☐ Autopsy, microscopical 9 ☐ Specific tumour markers
2 ☐ Surgery 4 ☐ Cytology 6 ☐ Histology from metastasis 8 ☐ Autopsy, macroscopical 0 ☐ Unknown

Morphology (PAD), grade

Stage at diagnosis
T: N: M:

1 ☐ Localised
2 ☐ Metastasis in regional lymph nodes only
3 ☐ Distant metastasis or tumour invades adjacent tissue
4 ☐ Non-localised, NOS
5 ☐ Not known

Treatment (see instructions) ☐ **No data on treatment**

Surgery
1 ☐ Curative
2 ☐ Palliative
3 ☐ Unspecified
Hospital ..... Date of surgery .....
Procedure .....

Radiotherapy
1 ☐ Curative
2 ☐ Palliative
3 ☐ Unspecified
Hospital ..... Date of first therapy .....
Dose .....

☐ **Chemotherapy**
Hospital ..... Date of first therapy .....
Agents used .....

☐ **Hormonal therapy**
Hospital ..... Date of first therapy .....
Treatment .....

☐ **Other treatment**
Hospital ..... Date of first therapy .....
Treatment .....

☐ **No treatment**
Justification
1 ☐ Old age
2 ☐ Incurable disease
3 ☐ Patient refusal
4 ☐ Referred elsewhere (name institution) .....
5 ☐ Other (state) .....

Date of death Cause of death	Reporting authority Date

Further information:

Empty Print Save

ATT: You can ONLY save the form, not the content.

Send to: Finnish Cancer Registry, Pieni Roobertinkatu 9, FI-00130 Helsinki