



# PUNJAB CANCER REGISTRY

## DATA COLLECTION FORM

CENTER I.D. NO. _____	PATIENT I.D NUMBER: _____
← (To be allocated by ↑PCR Central Office) →	

HISTOLOGY NO. \_\_\_\_\_ HISTOLOGY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PATIENT'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

SEX: MALE  FEMALE  NEUTER (MUKHANNAS)  FATHER'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

N.I.C. NUMBER (FOR CHILDREN ≤ 18 YEARS, ID OF MOTHER/ FATHER) \_\_\_\_\_

PERMANENT ADDRESS (HOUSE AND STREET NO.) \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME/CELL TELEPHONE WITH AREA CODE \_\_\_\_\_

↓ARE YOU A RESIDENT OF (Please tick one): LAHORE  SHEIKHUPURA  KASUR   
NANKANA SAHIB  FAISALABAD  GUJRANWALA  HAFIZABAD  OTHER

کیا آپ لاہور اقصو راشہ پورہ انکنا صاحب فیصل آباد گوجرانوالہ حافظ آباد یا کسی اور ضلع کے رہائشی ہیں؟

DURATION OF STAY IN THE ABOVE MENTIONED DISTRICT (months/years): \_\_\_\_\_

↓HAVE YOU COME TO THE ABOVE MENTIONED DISTRICT FOR TREATMENT/DIAGNOSIS ONLY? (YES/NO)

کیا آپ اوپر لکھے گئے ضلع میں تشخیص یا علاج کے لئے آئے ہیں؟

Procedure/surgery done at (hospital).....
Name of surgeon.....
Cytology/histopathology done at (lab.) .....

PRIMARY SITE \_\_\_\_\_ DATE OF DIAGNOSIS \_\_\_\_\_

SITE OF BIOPSY \_\_\_\_\_ METASTATIC \_\_\_\_\_ (YES/NO)

LATERALITY (where applicable) \_\_\_\_\_ MORPHOLOGY \_\_\_\_\_ BEHAVIOR \_\_\_\_\_

GRADE \_\_\_\_\_ STAGE (when available) \_\_\_\_\_

\*MOST VALID BASIS OF DIAGNOSIS (Please see the list below) \_\_\_\_\_

<b>FOR PCR CENTRAL OFFICE USE ONLY</b>	
STATUS AT LAST FOLLOW-UP _____	
DATE OF DEATH _____	PLACE OF DEATH _____

↑PCR is an acronym for the Punjab Cancer Registry.

\*0. Death Certificate Only 1. Clinical; 2. Clinical investigation; 4. Specific tumor markers; 5. Cytology; 6. Histology of a metastasis; 7. Histology of primary tumor; and 9. Unknown.