

**DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM**

Example 7

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF FIRST CONTACT: 02132008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX1234
(550) REGISTRY NUMBER: 2008000021	(2470) PHYSICIAN FOLLOW UP: TX1234
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 0000B1	(560) SEQUENCE NUMBER: 60
(610) CLASS OF CASE: 2	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: ALVAREZ	
(2240) FIRST NAME: GABRIELLE	
(2250) MIDDLE NAME: R	
(2390) MAIDEN NAME: MACHADO	(630) PRIMARY PAYER AT DX: 60
(2280) ALIAS NAME: ALVAREZ, ROZ	(390) DATE OF INITIAL DX: 02012008 (MMDDYYYY)
(2330) STREET ADDRESS: 123 HEAVENLY LN	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 95300
(70) CITY: PARADISE	(400) PRIMARY SITE: C700
(80) STATE: TX	(440) GRADE OF TUMOR: 9
(100) ZIP CODE: 22222	(410) LATERALITY: 2
(90) FIPS COUNTY CODE AT DX: 481	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 664664664	(2590) MORPHOLOGY/BEHAVIOR AND GRADE:
(240) DATE OF BIRTH: 06021923	MENINGIOMA
(250) PLACE OF BIRTH: 001	(2580) PRIMARY SITE AND LATERALITY: LEFT CEREBRAL MENINGES
(160) RACE 1: 01	
(161) RACE 2: 88	
(162) RACE 3: 88	
(163) RACE 4: 88	(490) DIAGNOSTIC CONFIRMATION: 7
(164) RACE 5: 88	
(190) SPANISH/HISPANIC ORIGIN: 6	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 2	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 84 YEAR OLD HISPANIC/CAUCASIAN FEMALE	(759) SUMMARY STAGE 2000:

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(2800) (2004 and >) CS TUMOR SIZE: 023	(2640) RX TEXT-CHEMO
(2810) CS EXTENSION: 05	
(2820) CS TUMOR SIZE/EXT EVAL: 9	
(2830) CS LYMPH NODES: 88	
(820) REGIONAL LYMPH NODES POSITIVE: 99	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 99	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 00	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 2/1/2008 CT Brain: 2.3cm non-glioma tumor in left cerebral meninges consistent with meningioma	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 0
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 9	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 00000000 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 00	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 1	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY Surgery not recommended at this time	(1750) DATE OF LAST CONTACT OR DEATH: 02172008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 00000000 (MMDDYYYY)	(2090) DATE ABSTRACTED: 08012008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 00	(570) ABTRACTOR INITIALS: SOE
(2620, 2630) RX TEXT-RADIATION Radiation not recommended	(50) NAACCR RECORD VERSION: 11.2
	FOR CRD USE ONLY
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	
(3230) RX DATE-SYSTEMIC: 00000000 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 00	