

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

Example

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: (MMDDYYYY)	(2460) PHYSICIAN MANAGING:
(550) REGISTRY NUMBER:	(2470) PHYSICIAN FOLLOW UP:
(540) REPORTING FACILITY NUMBER:	(2410) FACILITY REFERRED FROM:
(500) REPORTING SOURCE:	(2420) FACILITY REFERRED TO:
(2300) MEDICAL RECORD #:	(560) SEQUENCE NUMBER:
(610) CLASS OF CASE:	(2220) OTHER PRIMARY TUMORS: (SITE, MORPHOLOGY, and DATE)
(2230) LAST NAME:	
(2240) FIRST NAME:	
(2250) MIDDLE NAME:	
(2390) MAIDEN NAME:	
(2280) ALIAS NAME:	(630) PRIMARY PAYER AT DX:
(2330) STREET ADDRESS:	(390) DATE OF INITIAL DX: (MMDDYYYY)
(2335) ADDRESS AT DX SUPPLEMENTAL:	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(70) CITY:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001:
(80) STATE:	(400) PRIMARY SITE:
(100) ZIP CODE:	(440) GRADE OF TUMOR:
(90) FIPS COUNTY CODE AT DX:	(410) LATERALITY:
(2320) SSN:	FINAL DIAGNOSIS (2580, 2590)
(240) DATE OF BIRTH:	(2590) MORPHOLOGY/BEHAVIOR AND GRADE:
(250) PLACE OF BIRTH:	(2580) PRIMARY SITE AND LATERALITY:
(160) RACE 1:	
(161) RACE 2:	
(162) RACE 3:	
(163) RACE 4:	
(164) RACE 5:	(490) DIAGNOSTIC CONFIRMATION:
(190) SPANISH/HISPANIC ORIGIN:	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX:	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION:	(759) SUMMARY STAGE 2000:

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Example

(2800) (2004 and >) CS TUMOR SIZE:	(2640) RX TEXT-CHEMO
(2810) CS EXTENSION:	2/28/2008
(2820) CS TUMOR SIZE/EXT EVAL:	
(2830) CS LYMPH NODES:	
(820) REGIONAL LYMPH NODES POSITIVE:	(1400) HORMONE CODE:
(830) REGIONAL LYMPH NODES EXAMINED:	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX:	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE:
(2600) SUMMARY STAGE DOCUMENTATION:	(3250) RX SUMM-TRANSPLANT/ENDOCRINE:
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE:
(1292) RX SUMM-SCOPE OF REG LN SURGERY:	(1250) DATE OTHER TREATMENT STARTED: (MMDDYYYY)
(1200) RX DATE-SURGERY: (MMDDYYYY)	(1420) OTHER TREATMENT CODE:
(1290) SURG RX CODE:	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY:	
(1294) RX SUMM-SURG OTHER/DIST RX CODE:	
(2610) RX TEXT-SURGERY	(1750) DATE OF LAST CONTACT OR DEATH: (MMDDYYYY)
	(1760) VITAL STATUS:
(1210) DATE RADIATION STARTED: (MMDDYYYY)	(2090) DATE ABSTRACTED: (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE:	(570) ABTRACTOR INITIALS:
(2620, 2630) RX TEXT-RADIATION	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE:	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE:	