

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

**Example 2**

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 ADMIT/FIRST CONTACT: 01212008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX12345
(550) REGISTRY NUMBER: 2008000001	(2470) PHYSICIAN FOLLOW UP: TX54321
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 00000809436	(560) SEQUENCE NUMBER: 00
(610) CLASS OF CASE: 1	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: DOE	
(2240) FIRST NAME: JANE	
(2250) MIDDLE NAME: E	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 10
(2280) ALIAS NAME:	(390) DATE OF INITIAL DX: 01222008 (MMDDYYYY)
(2330) STREET ADDRESS: 1110 E MARINA DR	(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:
(70) CITY: WOODKING	(400) PRIMARY SITE: C504
(80) STATE: TX	(440) GRADE OF TUMOR: 2
(100) ZIP CODE: 78613	(410) LATERALITY: 1
(90) FIPS COUNTY CODE AT DX: 516	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 777888999	(2590) MORPHOLOGY/BEHAVIOR AND GRADE: ADENOCARCINOMA, MOD DIFF
(240) DATE OF BIRTH: 08131943	(2580) PRIMARY SITE AND LATERALITY: UOQ RIGHT BREAST
(250) PLACE OF BIRTH: 999	
(160) RACE 1: 01	
(161) RACE 2: 88	
(162) RACE 3: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(163) RACE 4: 88	
(164) RACE 5: 88	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(190) SPANISH/HISPANIC ORIGIN: 0	(760) SUMMARY STAGE 1977:
(220) SEX: 2	(759) SUMMARY STAGE 2000:
(2680) OTHER PERTINENT INFORMATION: 64 YOWF	

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(2800) (2004 and >) CS TUMOR SIZE: 020	(2640) RX TEXT-CHEMO
(2810) CS EXTENSION: 10	2/28/2008 Adriamycin and Cytosan
(2820) CS TUMOR SIZE/EXT EVAL: 3	
(2830) CS LYMPH NODES: 00	
(820) REGIONAL LYMPH NODES POSITIVE: 98	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 00	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 00	(1410) IMMUNOTHERAPY CODE: 00
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	
(2600) SUMMARY STAGE DOCUMENTATION: 1/21/08 H&P: 1.5cm mass UOQ right breast, no skin changes, no axill lymphadenopathy 1/21/08 U/S Rt breast: 2.2cm mass 1/22/2008 FNA: adenocarcinoma, mod diff 1/26/2008 Lumpectomy: infil adenoca, 2cm, mod diff, margins free	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
FIRST COURSE TREATMENT	(2660) RX TEXT-IMMUNOTHERAPY
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 0	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 3
(1200) RX DATE-SURGERY: 01262008 (MMDDYYYY)	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1290) SURG RX CODE: 22	(1420) OTHER TREATMENT CODE: 0
(1340) REASON FOR NO SURGERY: 0	(2670) RX TEXT-OTHER
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY 1/26/2008 Right breast lumpectomy	
(1210) DATE RADIATION STARTED: 04282008 (MMDDYYYY)	(1750) DATE OF LAST CONTACT OR DEATH: 06012008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 20	(1760) VITAL STATUS: 1
(2620, 2630) RX TEXT-RADIATION 4/28/2008 External beam radiation	(2090) DATE ABSTRACTED: 12052008 (MMDDYYYY)
(1380) RX SUMM-SURG/RAD SEQUENCE: 3	(570) ABTRACTOR INITIALS: MYN
(3230) RX DATE-SYSTEMIC: 02282008 (MMDDYYYY)	(50) NAACCR RECORD VERSION: 11.2
(1390) CHEMOTHERAPY CODE: 03	FOR CRD USE ONLY