

Svenska barncancerregistret – VSTB
Notification of cancer / tumor data – formulär
Version 210921

Report date: 2 0
Registered by:
Reporting clinical:
Forename:
Surname:
Date of Birth: 2 0 -
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
City:
Country:

Select the type of registration
Select the type of registration (one option) <input type="checkbox"/> Both notification of cancer and quality registry <input type="checkbox"/> Only notification of cancer <input type="checkbox"/> Only quality registry
If only notification of cancer has been chosen, please specify reason below (one option) <input type="checkbox"/> Opposes participation (Opt-out) <input type="checkbox"/> Inclusion criteria unfulfilled

Notification of cancer/Tumor
Clinic reporting notification of cancer _____
Date of diagnosis 2 0
Basis of cancer diagnosis (one option) <input type="checkbox"/> Clinical examination <input type="checkbox"/> X-ray, scintigraphy, ultrasound, MRI, CT or other clinical investigations <input type="checkbox"/> Biopsy or surgery including histologic examination of tissue <input type="checkbox"/> Autopsy including histologic examination of tissue <input type="checkbox"/> Cytology <input type="checkbox"/> Surgery without histologic examination of tissue <input type="checkbox"/> Autopsy without histologic examination of tissue <input type="checkbox"/> Other basis of diagnosis
If Basis of cancer diagnosis is Biopsy or surgery including histologic examination of tissue, Autopsy including histologic examination of tissue or Cytology, please fill in below
Diagnosing pathology service: _____
Sample number: _____
Sample year: _____

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Primary tumor site: _____

ICD-10-code: _____

Morphologic diagnosis: _____

ICCC3 diagnosis: _____

Left or right side (one option)

- Left
- Right
- Midline
- Bilateral
- Data missing

District: _____

LKF at diagnosis: _____

FIGO Staging (one option)

- I
- II
- III
- IV

T category: _____

N category: _____

M category: _____

Tumor-node-metastasis (TNM) stage grouping

- Clinical TNM stage grouping
- Pathologic TNM stage grouping

If the patient is referred to another healthcare facility/clinic, specify which clinic (Only fills in if select the type of registration is Only notification of cancer or both notification of cancer and quality registry)

Diagnosing pathology service: _____

Was the tumor detected at an autopsy?

- Yes No

Date of notification of cancer

| 2 | 0 | | | | | | | |

Name of physician: _____