HARYANA STATE CANCER REGISTRY PROGRAMME

Registration Form to be Completed by Potential Participating Centres

1. Name of the Institution: _______________________________________________________________
   
   Postal Address: _______________________________________________________________
   
   Postal Pincode: _______________________________________________________________
   
   Telephone, FAX, e-mail: ____________________________________________________________

2. Name of Head of Institution: _______________________________________________________

3. Name                      Designation             Department
   
   Principal Investigator      : _______________________________________________________
   
   Co-Principal Investigator I: ______________________________________________________
   
   Co-Principal Investigator II: ______________________________________________________
   
   Faculty in Charge           : _______________________________________________________

4. Brief profile of the Institution:
   
   Number of In-Patient Beds      : ___________________________________________________
   
   Total Out-patient attendance  : ___________________________________________________
   
   Total Registrations:            : ___________________________________________________
   
   Total Proved Malignancies per year : _______________________________________________

5. Department of Pathology:
   
   Number of Specimens/Biopsies/Smears (non-malignant and malignant) reported during the year 2016:
   
   Total Malignant (Malignant & Non-malignant)
   
   Histopathology Specimens/Biopsies         : ___________________ ________________
   
   Cytology Smears including FNAC             : ___________________ ________________
   
   Haematology Smears
   (including Peripheral Smear/Bone Marrow)   : ___________________ ________________
   
   Total                                     : ___________________ ________________

1
6. Number of patients treated during the year 2016 at Departments (if present) of:

Medical Oncology  
Radiation Oncology  
Surgical Oncology  

Any relevant information.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Name of Head of Department

Radiation Oncology  : _______________________________________________
Medical Oncology  : _______________________________________________
Surgical Oncology  : _______________________________________________
Pathology  : _______________________________________________

Signature of Principal Investigator  
Signature of Head of Institution

Contact

Email ID :
Tel. No. :
Note

A. The Principal Investigator will be the main corresponding/contact person for all matters including release of funds and be overall in-charge of the project in the respective Institution.

B. However (Item No. 3 – Faculty in charge), preferably a junior faculty member on the permanent role in the Department of Pathology/Radiation / Medical / Surgical Oncology should be identified. This person would be responsible for the day to day working of the project. The person identified should be interested in such work in the project that involves supervision/scrutiny of:

(i) completion of all items of information including identifying information, especially residential status of all malignant neoplasms as and when reported /registered.

(ii) completion of Topography and Morphology details;

(iii) ensuring that data in the core form is correctly entered on to the computer and promptly transmitted to NCRP;

(iv) replying to queries concerning the data transmitted.

C. Since over 80% of cancers registered under the cancer registries have a microscopic diagnosis of cancer and also since over 60% cancer patients receive RT, it is essential that the Departments of Pathology/RT are directly involved in this project. Therefore, the consent of both Heads of these departments is essential for the success of this project. It is preferable that the Principal Investigator or one of the Co-Investigators is a senior faculty of one of these departments and has the concurrence of the other and the Head of the Institution. If the Principal Investigator is of a department other than Pathology or RT, it would be important to have the concurrence of the Heads of these departments including that of the Head of the Institution.

D. The National Centre for Disease Informatics (NCDIR) – National Cancer Registry Programme (NCRP) or the ICMR does not accept any responsibility for persons employed on the project.

The above form complete in all respects may be sent to:

NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
NATIONAL CANCER REGISTRY PROGRAMME

Indian Council of Medical Research
Nirmal Bhawan, ICMR Complex (II Floor),
Poojanahalli Road, Off. N.H.-7, Adjacent to Trumpet Flyover of BIAL,
Kannamangala Post, Bangalore-562 110(India)
Tel: 919449033748/ 9449067643; Fax : 08030723643 E-mail: ncdir@ncdirindia.org