NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH

NATIONAL CANCER REGISTRY PROGRAMME

Indian Council of Medical Research

Laboratory Requisition Form for DHR DIAMOnDS Project

A. IDENTIFYING INFORMATION

1. Name of Participating Centre …… Centre Code ☐☐☐

2. HBCR Registration Number

(First 2 digits are for year of registration and the next 5 digits for actual registration number) ☐☐☐☐☐☐☐

3. DIAMOnDS Registration Number

(First 2 digits are for year of registration and the next 5 digits for actual registration number) ☐☐☐☐☐☐☐

3.1 (a) Name of Source of Registration…… Code ☐☐☐
(Reporting Institution (RI) / Hospital)

(b) Name of Department / Unit etc. …… Code ☐☐☐

(c) Name of Physician…… Mobile No……

3.2 Hospital Registration Number ……

3.3 Date of Registration at DIAMOnDS Hub /Subcentre ☐☐☐☐☐☐☐☐
dd mm yyyy

3.4 Case Registered

(1) Out-patient (OP) (2) In-patient (IP) (3) OP and IP
(4) Not Registered – Clinical Consultation / Opinion (5) Not Registered – Pathology Consultation / Opinion (8) Others (*specify*)…… ☐

4. Other Sources of Registration / Referral *(Hospitals, Laboratories, Nursing Homes etc.)*:

4.1 Name……

☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐
Code *Hospital / LAB / N.H. No.* *dd mm yyyy*

5. Date of First Diagnosis ☐☐☐☐☐☐☐☐
(Date of first attendance to any hospital for this disease)*
*(*generally the earliest of the dates in 3.3 or 4 above)*
dd mm yyyy

6. Full Name of Patient *(at least one name is compulsory)*

…… …… ……
First Second Last

6.1 Aadhaar (Unique Identification) No. ……

7. Place of Residence: Place of Usual Residence *(where the person has been residing for the past one year (at least))*

***Urban Areas** (Town / cities)*

House No. ……

Road / Street Name ……

Area / Locality ……

Non-urban / Rural Areas

House No. and Ward ……

Name of Gram Panchayat / Village, etc:

……

Name of Sub-Unit of District (Taluk / Tehsil / Other)

Ward / Corporation /Division ☐☐☐ ……

Name of City / Town …… Name of PHC / Sub Centre ……

Name of District *(in Capitals)* …… Postal Pin Code ☐☐☐☐☐☐

Telephone No(s): Off. …… Res. ……

Mobile No. …… Email ID ……

8. Age *(in years)* ☐☐ Date of Birth ☐☐☐☐☐☐☐☐ *dd mm yyyy*

9. Sex (1) Male (2) Female (8) Others ☐

B. DIAGNOSTIC DETAILS

10. A. Method of Diagnosis

(1) Clinical Only (2) Microscopic (3) X-Ray / Imaging Techniques ☐

(8) Advanced (*specify)*…… (9) Unknown

(if 2 above)

Pathology Slide No. ☐ Date ☐☐☐☐☐☐☐☐ *dd mm yyyy*

10. B. Additional details of investigations done

	Microscopic (if 2 above)			X-Ray/Imaging Techniques (if 3 above)			Advanced (if 8 above)	
(1)	Histology of Primary Biopsy	☐	(1)	Chest X- Ray	☐	(1)	Scopy a. Bronchoscopy b. Mediastinoscopy c. Thoracoscopy d. Endoscopy	☐
(2)	Histology of Metastasis Biopsy	☐	(2)	Isotopes	☐	(3)	Specific Biochemical and /or Immunological Tests. Specify Test(s)	☐
(4)	Bone Marrow	☐	(3)	Angiography	☐	(4)	CT Scan/Site (i) Abdomen (ii) Chest	☐
(5)	Blood Film	☐	(4)	Ultra-sonogram: abdomen & Pelvis	☐	(5)	MRI Scan/Site (i) Abdomen (ii) Chest	☐
(6)	Cytology of primary	☐	(5)	Mammography	☐	(6)	PET-CT Scan	☐
(7)	Cytology of Metastasis	☐	(8)	All Others (Specify)	☐	(7)	Bone scan	☐
(4)	Other	☐				(8)	Others (Specify)……	☐
Remarks:								

11. Laterality ☐

Not a Paired site	Right
Left	Only one site involved, right or left, unknown
Bilateral involvement, lateral origin unknown	Bilateral involvement, lateral origin unknown

12. Coding According to ICD- O- 3:

12.1. Primary Site of Tumour - Topography …… **C** ☐☐.☐

(Include sub – site if any)

12.2. Primary Histology – Morphology …… **M** ☐☐☐/☐

If morphology is that of metastasis mention Primary Site above and

13.1 Secondary Site of Tumour …….. **C** [| | . | |]

13.2 Morphology of Metastasis …….. **M** [| | | / /]

(If the morphology diagnosis is only that of metastatic site, mention the Primary Site as decided by the treating clinician either through discussion or from case record.)

C. DETAILS OF CLINICAL STAGE AND TREATMENT

14. Clinical Extent of Disease before Treatment:

(01) In-Situ (02) Localized (03) Locoregional

(06) Distant Metastasis (99) Unknown (88) Others (*specify*)…… [ ]

(10) Treated Elsewhere (11) Recurrent

15. Staging System Followed: (1) TNM staging (8) Others (specify)…… (9) Unknown [ ]

15.1. TNM staging (888 if Not Applicable) [T | | | N | | | M |]

15.2. Composite Stage [| |] (888 if not applicable)

16. Type of treatment given

(01) Surgery (S)	☐	(02) Radiotherapy (R)	☐	(03) Chemotherapy (C)	☐	(04) S + R	☐
(05) S + C	☐	(06) R + C	☐	(07) S + R + C	☐	(08) Hormone therapy (H)	☐
(09) S + H	☐	(10) R + H	☐	(11) C + H	☐	(12) S + R + H	☐
(13) S + C + H	☐	(14) R + C + H	☐	(15) S + R + C + H	☐	(88) Others (Specify)____	☐
(99) Unknown	☐						

16.1 Biomarkers for lung cancer

	Detection techniques: RT-PCR /FISH/ IHC/ NGS				Positive	Negative	Equivocal	Value if applicable	Not done/Unknown
ALK rearrangement					☐	☐	☐	☐	☐
EGFR mutation					☐	☐	☐	☐	☐
PDL1					☐	☐	☐	☐	☐
ROS1 Re-arrangement					☐	☐	☐	☐	☐
Others,_____					☐	☐	☐	☐	☐

16.2 Biomarkers for Breast cancer

	Detection techniques: RT-PCR /FISH/ IHC/ NGS				Positive	Negative	Equivocal	Value if applicable	Not done/Unknown
Estrogen Receptor (ER)					☐	☐	☐	☐	☐
Progesterone Receptor (PR)					☐	☐	☐	☐	☐
Her2(ErbB2) amplification					☐	☐	☐	☐	☐
Ki-67/Mib1					☐	☐	☐	☐	☐
Others_____					☐	☐	☐	☐	☐

17. Intention to treat at RI

(1) Curative (2) Palliative (3) Observation (9) Unknown [ ]

18. Cancer Directed Treatment given at Reporting Institution

(1) Yes (2) No (3) Treatment advised but not accepted (4) Incomplete treatment (9) Unknown [ ]

Follow up Form

Follow up: ☐☐

1. Date of last contact ☐☐☐☐☐☐☐☐

2. Status at Follow-up (1) Alive (2) Dead (3)Lost to FU ☐

If (1) Alive

a. Disease Status (at Follow-up)

(1) No Evidence of Disease (2) Residual disease only (3) Local recurrence
(4) Regional/Nodal recurrence (5) Distant metastasis: *specify site* ..... (6) Progressive Disease
(9) Unknown

b. If (2) to (6) above: Date of Diagnosis/ Evaluation of Disease Status ☐☐☐☐☐☐☐☐

dd mm yyyy

c. If Disease is present, indicate Basis of Diagnosis ☐

(1) Histopathology (2) Cytopathology (Other than FNAC) (3) FNAC
(4) Bone Marrow (5) Peripheral Smear (6) Radiological
(7) Clinical (8) Others (*specify*) ..... (9) Unknown

d. Treatment: if 32 above indicates presence of disease ☐

(1) Yes, Treatment given (2) No Treatment, specify reason.....

If Yes, Select treatment type ☐

1) Surgery 2) Chemotherapy 3) Palliative 4) Supportive Care (5) Radiotherapy
(88) Others (specify).....

e. If yes, Details of Treatment and Outcome

_____

_____

f. Referral Given to .....

If (2) is (3) Lost-to-FU

A. Enquiry done by
   a. Telephonic
   b. Visit
   c. Postal

If (2) is (2) Dead,

(a) Immediate Cause ..... ICD -10
(b) Antecedent Cause ..... ICD -10
(c) Other Significant conditions.....

(d) Date of Death ☐☐☐☐☐☐☐☐

dd mm yyyy