



Antineoplastic Drugs / National Cancer Registry

NCR ID⁽¹⁾:

Karantina ID:

❖ Patient Information

اسم المريض: _____ اسم الاب: _____ اسم الام: _____ الشهرة عند الولادة: _____
شهرة الزوج: _____ الجنس: ذكر انثى تاريخ الولادة: _____ رقم السجل: _____
محل الولادة/ البلد: _____ القضاء: _____ البلدة: _____ هاتف: _____
السكن الدائم/ البلد: _____ القضاء: _____ البلدة: _____ الجنسية: _____
مقيم زائر عامل اجنبي لاجئ منذ 10 سنوات او اكثر لاجئ منذ اقل من 10 سنوات

❖ Tumor Registry Information

Primary site (text): _____ Date first diagnosis: |__|/|__|/|__|
ICD10: C |__| ICD03-Topo: C |__|.____|
Laterality: Right Left Bilateral Not applicable Unspecified
Pathology (text): _____ ICDO3-Morphology: M |____|/|__|
Pathology center: _____ Pathologist: _____
Classification: TNM⁽²⁾: T |__| N |__| M |__| Stage⁽³⁾ |__| Grade: |__| Other Staging: |__|
Type of report: New case Known case → For known case : Renewal⁽⁴⁾
 Relapse → Local Regional Distal
 Progression
 Change of treatment

❖ Treatment

Height: |____| cm Weight: |____| kg BSA: |____| m²
Protocol: _____ Expected duration of treatment: _____
Finality of treatment: Palliative Other
Prior chemotherapy treatment: No Yes⁽⁴⁾ Specify: _____
Type of treatment planned: Surgery: No Yes
Chemotherapy⁽⁵⁾: No Yes
Radiotherapy: No Yes
Targeted therapy: No Yes
Immunotherapy: No Yes
Hormone therapy: No Yes

❖ Physician Information

Physician name: _____ Treating hospital: _____
Specialty: _____ Date: _____
LOP registration No.: _____ Signature & stamp: _____
Telephone: _____

❖ Documents to be submitted for antineoplastic drugs

- صورة الهوية او اخراج القيد/ ID
- تقرير الطبيب / Detailed medical report
- نتيجة الزرع / Pathology report (solid tumor)
- Laboratory report (blood tumor)
- صورة عن تقارير الصور الشعاعية.
- الوصفة الطبية / Oncology prescription with exact dosage & duration
- صورة عن بطاقة مركز توزيع الادوية (اذا وجدت) / Copy of Drug Dispensing Center Patient Card (if available)

(1) For reporting to National Cancer Registry, form is sent to Epidemiological Surveillance Program. Tel: 01-614194. Fax:01-610922. Email: esumoh@moph.gov.lb.
Postal mail: Ministry of Public Health, museum square, Beirut. Data on cancer statistics is available on www.moph.gov.lb (→ prevention, → surveillance, → cancer)

(2) TNM classification is based on pathology results.

(3) Documented evidence should be submitted for stage IV.

(4) Copy of Drugs Dispensing Center Patient Card should be submitted (if applicable).

(5) If neoadjuvant chemotherapy, please specify date of treatment.

N.B.: This form must be completed by the Doctor. All documents should be attached. All attached reports and studies should be original and official.