

Cancer Verifications Service Request Form

Sensitive: Health

Section 1 – Patient Information

This section shows details of the person whose cancer is to be verified on the NSW Cancer Registry.

Vital status of Patient (please select)

Living (Patient must consent and sign below in Section 1.)

Deceased less than 30 years - This request type cannot be processed under the Cancer Verifications Service. Do not complete this form. Please call 1800 505 644 or email cinsw-hcr@health.nsw.gov.au if you have any queries.

Deceased more than 30 years (Family member of the Patient must provide agreement in Section 2.)

Title

Given names

Surname

Maiden name

Aliases

Gender

Date of birth

Current/last known address

Suspected cancer(s)

Address at time of diagnosis

Estimated date of diagnosis

Date of death (if applicable)

Comments (optional)

Patient signature* (You will need to print this form). I consent to my cancer records on the NSW Cancer Registry being disclosed to the Recipient named below in Section 3.

Date signed

OR If the Patient is deceased (more than 30 years), leave the Patient signature field blank and please complete Section 2.

*NSW Family Cancer Clinics may instead provide a copy of their FCC Consent Form signed by the Patient.

Section 2 – Applicant

This section is to be completed only if the Patient is deceased, and must be signed by a family member of the Patient.

Relationship

The Applicant is the Patient's

Comments

Title

First name

Surname

Gender

Date of birth

Current address

Applicant signature* (You will need to print this form).

I agree to my Family member's records on the NSW Cancer Registry being disclosed to the Recipient named below in Section 3.

Date signed

*NSW Family Cancer Clinics may instead provide a copy of their FCC Consent Form signed by the Applicant.

Section 3 – Recipient

This section shows details of the person/organisation to whom the Patient's cancer records are to be disclosed.

To whom will the cancer information on the NSW Cancer Registry be disclosed? (please select)

Same as Patient named in Section 1 (Enter email and phone details below, and provide proof of identity.)

Same as Family member noted in Section 2 (Enter email and phone details below.)

Other individual (Complete all details below. Patient must provide proof of identity and consent in Section 1.)

Family Cancer Clinician or other health professional (Complete all details below.)

Title

First name

Surname

Organisation name

Position

Other

Address

Email

Phone number

Thank you.

Submit this form securely to cinsw-hcr@health.nsw.gov.au or post to PO Box 825, Alexandria 1435

Section 4 – Verification

This section provides cancer verification details for the Patient named in Section 1.

| Outcome of verification | Comments |
|-------------------------|----------|
|-------------------------|----------|

Patient found (see case details below)

Patient not found on NSW Cancer Registry

Not processed (see comments)

Please note, the NSW Cancer Registry is unable to provide any information about Squamous Cell Carcinomas of the skin, Basal Cell Carcinomas, benign tumours, tumours of uncertain behaviours, or in-situ cancers (with the exception of breast and melanoma) as these data are not notifiable under the Public Health Act.

If a patient is not found on the registry this should not be viewed as a lack of a cancer diagnosis, but could be due to a number of other reasons. For example, cancer registration may have been made interstate; the notification may not have been received by the registry; or the patient may have been diagnosed before cancer notifications became mandatory (data for NSW is available from 1972, while data for the ACT is available from 1994).

If you have any further questions or queries regarding this verification, please contact the Hereditary Cancer Registry Coordinator on 1800 505 644 or email cinsw-hcr@health.nsw.gov.au

Case 1

Date of diagnosis

Topography

Laterality

Morphology

Degree of spread

Case 2

Date of diagnosis

Topography

Laterality

Morphology

Degree of spread

Case 3

Date of diagnosis

Topography

Laterality

Morphology

Degree of spread