



Antineoplastic Drugs / NCR (Pediatric)

❖ Patient Information

رقم الهوية : رقم بطاقة الكرتينا :
 اسم المريض : اسم الأب : الشهرة :
 اسم الام : تاريخ الولادة :/...../..... ذكر ☐ انثى ☐
 العنوان
 المحافظة : القضاء : البلدة :
 الشارع : ملك : هاتف :/...../.....

❖ Tumor Registry Information

Height:.....cm Weight :kg BSA :m²

ICD-10 Specific Diagnosis:

Primary Site (Text) :

Laterality : ☐ Right ☐ Left ☐ Bilateral ☐ Not applicable ☐ Unspecified

Date of first diagnosis :

Pathology: ICD-10 M

Pathology Center :Pathologist:

Classification : TNM⁽²⁾ ☐ T ☐ N ☐ M Stage⁽³⁾ : Grade : Other staging :

Protocol : Expected duration of treatment for new cases:.....

Type of report : ☐ New case ☐ Known case ☐ Renewal⁽⁴⁾ → ☐ Relapse → ☐ Loco-regional
☐ Progression ☐ Distal

رقم المعاملة

❖ **Treatment :**

Finality of treatment : ☐ Palliative only ☐ Other

Prior 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 : ----- LOP Registration No : -----

Specialty : ----- Telephone : ----/-----

Date : ---- / ---- / -----

Signature & Stamp :

❖ **Documents to be submitted :**

1. صورة الهوية او اخراج القيد
2. NCR استمارة
3. Oncology report تقرير الطبيب
4. Pathology نتيجة الزرع
5. صورة عن تقارير الصور الشعاعية (if needed)
6. Oncologyprescription with exact dosage & duration – please write clearly الوصفة الطبية
7. Copy of Drug Dispensing Center Patient Card Should be submitted (if available)
صورة عن بطاقة مركز توزيع الأدوية (اذا وجدت)

N.B:

1. This form must be completed by the doctor
2. All information should be attached
3. All attached reports and studies should be original and official

(1) For reporting to NCR : Send form to Epidemiological Surveillance Unit Program by postal mail

Ministry of Public Health Museum.Beirut or by fax 01-610920

(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 available)

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