

DEPARTMENT OF HEALTH
NOTIFICATION OF CANCER ACT, 1957

NAME OF PATIENT

Age/ Date of birth Identity Card No.

Occupation (1) Previous
(2) Present

Type of Cancer

(If verified by Histology or Cytology or other means) please state

Organ, Tissue or site affected

If diagnosed in hospital or clinic, please insert name of hospital, clinic and Ward/ department

.....

All data collected is processed in accordance with the Notification of Cancer Act, 1957 and the Data Protection Act 2001. The health data is required for statistics and research purposes in the interest of Public Health.

Signature of Medical Practitioner

Block Letters (Name and Surname)

Address

.....

Date

PLEASE SEND COMPLETED NOTIFICATION IN A SEALED ENVELOPE ADDRESSED TO:
MALTA NATIONAL CANCER REGISTRY, DEPT. OF HEALTH INFORMATION, 95, G'MANGIA HILL, G'MANGIA MSD 08

D.H. 138

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