

If Hospital / Nursing Home : Name

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Code

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Registration Number

12. Certification of Death:

Death Certified by
 (0) Not Certified (1) Allopathic Practitioner (2) Non-Allopathic Practitioner
 (3) Coroner / Medical Autopsy (8) Others (specify)..... (9) Unknown

Autopsy Report: (1) Yes (2) No

Name, Title and Address of Person Certifying Death

13.1 Cause of Death: (1) Due to cancer (2) Other than cancer - in patients with A diagnosis of cancer
 (3) Other than cancer - in patients with NO diagnosis of cancer

Note: Cardiac failure / arrest, Respiratory failure / arrest, Peripheral circulatory failure and Cerebrovascular failure are not causes of death. The diagnosis / diagnoses that lead to any of these should be abstracted from the death certificate.

(If (1 or 2) above)

13.2 Site of Cancer: (With complete description of Primary Site of Tumour (ICD-10) and Morphological Diagnosis (ICD-O-3))

ICD-10..... **C**

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 Morphology (ICD-O-3)..... **M**

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 Date of Diagnosis

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dd mm yy

14.1 Source of Information on Death

(1) Corporation Unit / Zilla Panchayat (2) Hospital / Nursing Home (3) 1+ 2
 (4) Active Follow up - Letters (5) Active Follow up - Home Visits (8) Others (specify).....

14.2 Information from Corporation Unit / Zilla Panchayat:

Name of Unit.....

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Code

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Registration No.
 (Death Reg. No. given at the Corporation Unit / Panchayat)

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Date of Registration

Note: For all deaths obtained through registers of Hospitals / Nursing Homes the Core Form - Incidence Data has to be completed by tracing previous records of patients.

14.3 Name and Code of Hospital / NH / PP last attended: (If 1 or 3 above) Name.....

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Code

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Hospital / NH / Reg. No.
 (As Indicated in the Corporation Unit / Panchayat)

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Date of Registration

14.4 Information from Hospital / NH, etc.: (If 2 above) Name

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Code

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Hospital Reg. No.

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Date of Registration/
Admission/Diagnosis

15. For Matched Deaths:

15.1 Incidence Registration Number

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15.2 Date of First Diagnosis

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dd mm yy

16. Name of Person Completing Form (In capitals)

Signature:

Date:

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dd mm yy