Cutaneous Malignant Melanoma Cancer Notification Form

Oregon State Cancer Registry (OSCaR)

Consistent with HIPAA Privacy Rules, 45 CFR § 164.512(b), the DHS/OSCaR staff are authorized to collect or receive individually identifiable health information as a Public Health Authority for the purpose of preventing or controlling disease, and the conduct of public health surveillance.

PATIENT INFORMATION – (required)

PATIENT NAME (**last**, first, middle)		**RACE** ☐ African American ☐ Asian ☐ American Indian/ Alaskan Native ☐ White ☐ Pacific Islander ☐ Unknown
PATIENT ADDRESS AT DIAGNOSIS (No PO boxes or clinic addresses, this data is used for mapping purposes) **Street/City/State/Zip Code**	**DATE OF BIRTH** **SEX:** ☐ MALE ☐ FEMALE	
SOCIAL SECURITY NUMBER (required if available)	**HISPANIC ORIGIN** ☐ Hispanic ☐ Non-Hispanic	

CANCER INFORMATION – ATTACH PATHOLOGY REPORT

DATE OF DIAGNOSIS	**PRIMARY SITE**	**LATERALITY** ☐ RIGHT ☐ LEFT ☐ Not paired
DATE OF LAST CONTACT OR DEATH		**VITAL STATUS**: ☐ ALIVE ☐ DEAD
PATHOLOGY ☐ In-situ ☐ Localized ☐ Regional, direct extension ☐ Regional, nodes ☐ Distant ☐ Unknown		**CURRENT CANCER STATUS** ☐ EVIDENCE ☐ NO EVIDENCE
CLARKS LEVEL: (optional) ☐ I ☐ II ☐ III ☐ IV ☐ Unknown	**DEPTH OF INVASION: (Breslow thickness) (optional)** **mm**	

CANCER TREATMENT – (required, if you provided treatment)

Did this patient receive any treatment for this cancer? ❑ Yes ❑ No ❑ Unknown

Surgery/Treatment (check all that apply and give date)

☐ Shave/Punch Biopsy _____ ☐ Wide Excision _____

☐ Excisional Biopsy/Excision _____ ☐ Re-excision _____

☐ MOHS _____ ☐ Wide Re-excision _____

☐ Other Treatment _____

DID PATIENT HAVE TREATMENT IN A HOPSITAL OR SURGICAL FACILITY? ☐ **Yes** ☐ **No**
Name of facility:

WAS THE PATIENT REFERED TO ANOTHER PROVIDER? ☐ **Yes** ☐ **No**
Name of provider:

PROVIDER INFORMATION – (required)

NAME OF PRACTITIONER (first and last)	**PHONE NUMBER**
PERSON COMPLETING FORM	**FAX NUMBER**

RETURN COMPLETED FORM TO:

Oregon State Cancer Registry
800 NE Oregon St., Suite 730, Portland OR 97232
FAX: 971-673-0996 (secure and confidential) *** Call for secure scan/email directions - **Phone**: 971-673-0986