



# AUSTRALIA AND NEW ZEALAND ORGAN DONATION REGISTRY



## Past History of Cancer in Donor

<b>Donor Number</b>	<b>Donor Hospital</b>	<b>Date of Birth</b>

**Do not enter** Skin Cancers (SCC, BCC, solar keratosis, hyperkeratosis, Bowen's disease and keratoacanthoma)

If available, please attach histology results and delete donor name, but ensure date of birth and Donor Number is written on the results for identification

Site of Cancer (Write In)	Leave Blank	Histology (If Known)	Date of Diagnosis	Treatment Types (Refer Codes below)			
				1	2	3	Other

HISTOLOGY

TYPE OF TREATMENT

- 1 UNKNOWN
- 2 SQUAMOUS CELL CARCINOMA (SCC)
- 3 ADENOCARCINOMA
- 4 TRANSITIONAL CELL CA (TCC)
- 5 LYMPHOMA (NON HODGKINS)
- 6 LEUKAEMIA  
(Type) .....
- 7 OTHER (Specify)  
.....
- 8 KAPOSI SARCOMA
- 10 MULTIPLE MYELOMA
- 11 HODGKIN'S DISEASE
- 13 MELANOMA

- 1 NONE
- 2 UNKNOWN
- 3 SURGERY
- 9 RADIOTHERAPY
- 10 CHEMOTHERAPY
- 13 OTHER (Specify)

COMMENTS: