



**AUSTRALIA AND NEW ZEALAND
ORGAN DONOR REGISTRY**



Past History of Cancer in Donor

Donor Number	Donor Hospital	Date of Birth
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Do not enter Skin Cancers (SCC, BCC, solar keratosis, hyperkeratosis, Bowen's disease and ketatoacanthoma)

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

1. UNKNOWN
2. SQUAMOUS CELL CARCINOMA
3. ADENOCARCINOMA
4. TRANSITIONAL CELL CA (TCC)
5. LYMPHOMA (NON HODGKINS)
6. LEUKAEMIA
7. (Type _____)
8. OTHER (Specify)
9. _____
10. KAPOSII SARCOMA
11. MULTIPLE MYELOMA
12. HODKINS DISEASE
13. MELANOMA

TYPE OF TREATMENT

- NONE
- UNKNOWN
- SURGERY
- RADIOTHERAPY
- CHEMOTHERAPY
- OTHER (Specify _____)

<p><u>COMMENTS</u></p>
