

FINNISH CANCER REGISTRY, laboratory notification

Name	Personal identifier	Sex 0 <input type="checkbox"/> male 1 <input type="checkbox"/> female
Sender of specimen (hospital and/or physician)	1 <input type="checkbox"/> autopsy 2 <input type="checkbox"/> histology 3 <input type="checkbox"/> cytology (including thin needle biopsy)	Number and date of specimen
Primary site		
Other sites		
PAD 1 <input type="checkbox"/> from primary tumour 2 <input type="checkbox"/> from metastasis 9 <input type="checkbox"/> no information		
Pathologist	Laboratory	
Clinical diagnosis (if known)		
Notes		
		Date