



Oregon

Department of Human Services
Health Services
Oregon State Cancer Registry
800 NE Oregon Street, Suite 730
Portland, OR 97232-2162
(971) 673-0986 Telephone
(971) 673-0996 Fax
(971) 673-0372 TTY-Nonvoice

Confidential

Mail-in Cover Sheet

Date: _____

Facility Name: _____

Contact Person/Dept.: _____

Address: _____

City, State Zip: _____

Tel: _____ Fax: _____

Admission Dates: 1.
 2.
 3.

Please include the following from each cancer admission:

- | | | |
|---|-----------------------|--|
| <input type="checkbox"/> Admission Sheet | <i>If applicable:</i> | <input type="checkbox"/> Autopsy Report |
| <input type="checkbox"/> History and Physical | | <input type="checkbox"/> Death Certificate |
| <input type="checkbox"/> Discharge Summary | | |
| <input type="checkbox"/> Consultations | | |
| <input type="checkbox"/> Operative Reports | | |
| <input type="checkbox"/> Radiology Reports | | |
| <input type="checkbox"/> Pathology Reports | | |
| <input type="checkbox"/> Cytology Reports | | |
| <input type="checkbox"/> Endoscopic Exams | | |

