South Carolina Department of Public Health

SC Central Cancer Registry Urology Reporting Form Instructions

Use the following instructions to complete the form to submit reportable cases to the South Carolina Central Cancer Registry. Fields with a red asterisk (*) are required

Reporting Facility Name

Enter your facility name in the text box. If your practice is a satellite office, include that designation so we can identify the exact location. *

Date of Completion

Use the calendar icon to select the completion date. Do not type the date manually. *

Are you reporting for Dermatology or Urology

Use the drop-down box to select the appropriate specialty. *

Patient First Name

Use the text box to enter the patient's first name. *

Patient Middle Initial

Enter the patient's middle initial or middle name.

Patient Last Name

Use the text box to enter the patient's last name. *

Name Suffix

If the patient has a suffix (e.g., Jr, Sr, III, MD), enter it in this text box.

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Patient Social Security Number

Enter the patient's social security number. If the SSN is unknown, enter **999999999**. Do not use dashes, slashes, or special characters. *

Street Address at Diagnosis

Enter the patient's street address in this text box. Use the address where the patient lived at the time of diagnosis. *

City at Diagnosis

Enter the name of the city where the patient lived at the time of diagnosis. *

State at Diagnosis

Use the drop-down box to select the correct state code for the entered address and city. Do not type the state manually. *

Zip Code at Diagnosis

Enter the ZIP code for the address provided. *

County at Diagnosis

Use the drop-down box to select the county where the patient lived at the time of diagnosis. Ensure it matches the address provided. *

Patient Sex at Birth

Use the drop-down box to select the patient's sex at birth. *

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Patient Race

Use the drop-down box to select the patient's race code. If the race is unknown, select 'Unknown. *

Patient Date of Birth (DOB)

Use the calendar icon to select the patient's date of birth. Do not enter the date manually. *

Diagnostic Confirmation

Use the drop-down box to select the diagnostic procedure performed for this cancer. *

Date of First Contact

Use the calendar icon to select the date of the patient's first in-office or virtual visit. Do not enter the date manually. *

ICDO3 Primary Site Code

Use the drop-down box to select the cancer's anatomy site location. *

ICDO3 Primary Histology

Use the drop-down box to select the histology code for this cancer. *

Description of ICDO3 Histology

Use the text box to enter the histology details from the pathology report's final diagnosis (e.g., adenocarcinoma, Gleason 3+3=6'). *

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Grade from Pathology Report

Enter the cancer grade in the text box. This information can be found in the pathology report's final diagnosis (e.g., Grade 1–3 or terms such as well-differentiated, moderately differentiated, or poorly differentiated).

Diagnostic Procedure (Biopsy)

Use the drop-down box to select the procedure performed in your office for this cancer. *

A biopsy (incisional, needle, or aspiration) was done to a site other than the primary site. No exploratory procedure was done.
A biopsy (incisional, needle, or aspiration) was done to the primary site; or biopsy or removal of a lymph node to diagnose or stage lymphoma.

Diagnostic Date (Biopsy)

Use the calendar icon to select the procedure date. Do not enter the date manually. *

Summary of Treatment (First Course)

Use the text box to enter any cancer-directed treatment, including surgeries, chemotherapy, radiation therapy, hormone therapy, BCG therapy, or immunotherapy provided for this cancer.

Date of Last Contact

Use the calendar icon to select the date of your last contact with the patient. *

Vital Status

Use the drop-down box to select whether the patient is alive or deceased. *

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Reporting NPI

Enter the ten-digit NPI number for your practice. If your facility does not have a practice-level NPI, enter the provider's individual NPI number. *

Contact Information (E-mail)

Provide the email address for the point of contact in your office who can answer any questions related to the information entered in the form. Use a direct contact email rather than a generic practice email unless no other option is available. *

Office Mechanics & Filing: Completed forms will be stored on the registry's network drive. This form is maintained by retention schedule 18839, South Carolina Central Cancer Registry Records. Once the 120-year (after reporting) retention period has been met and quality review has been completed, an ARM-11 destruction request should be submitted and approved prior to disposal of the original form