Hubertus Wald Tumorzentrum
University Cancer Center Hamburg (UCCH)

Registration form for new patients at UCCH
Fax: +49 (0) 40 7410 - 56744

Name, first name	
Date of birth	
Telephone number	
Telephone number of referring physician / practice stamp	
Telephone number for arranging an appointment	
Interpreter required or desired	☐ **yes** ☐ **no**
Diagnosis / ICD-10 if applicable	
Histology finding	☐ **attached** ☐ **follows**
Question to the UCCH	

Contact
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