1. Please complete this form electronically and save the file
2. Use two forms if more space is needed
3. Email the completed form as an attachment to wroshala@crgc-cancer.org

**Cancer Registry of Greater California**
**Public Health Institute**

1825 Bell Street, Suite 102
Sacramento, CA 95825
916-779-0300 (phone)

## Reporting Facility Abstractor Information Form

| |
|---|
| **Facility Name:** |
| **Contact Name:** |
| **Phone:** |
| **Fax:** |
| **E-Mail:** |
| **Cancer Reporting Software Used:** |

**Number of Abstractors:**

| Abstractor Name | Initials* | Indicate whether Employee or Vendor | | If Vendor Provide name of agency or service | CTR Status | | If Non-CTR, indicate if CTR eligible | | If CTR, please provide CTR #** |
|---|---|---|---|---|---|---|---|---|---|
| | | Employee | Vendor | | CTR | Non-CTR | Yes | No | |
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**Include all initials and/or numbers the named abstractor uses in cancer reporting software.*

***The CTR number begins with the last 2 digits of the year the CTR exam was successfully taken.*