VISUAL EDITING CHANGE DISPUTE FORM

CRGC
CANCER REGISTRY OF GREATER CALIFORNIA

The following procedure has been developed as a mechanism for disputing a visual editing data item change:

1. Complete all the requestor information in the top box section and then record the requested information for each discrepancy dispute:
   Eureka Admission # and/or Accession/Sequence #, Data Item, Original Value, Changed Value, and Reason for Dispute. **DO NOT INCLUDE CONFIDENTIAL PATIENT DATA.**

2. Save the form under a different name using the "Save As" button.

3. E-mail the completed form within 3 weeks of receipt of the Visual Editing Report to: Dee LeTendre at dletendre@crgc-cancer.org
   NO FAXES WILL BE ACCEPTED. This is in accordance with CRGC's commitment to support electronic solutions and reduce paper transactions.

4. Forms submitted beyond 3 weeks of receipt of the Visual Editing Discrepancy Report will not be accepted and no response will be provided.

5. Visual editing change disputes will only be accepted for visually edited data items. All regional responses are considered final.

HOSPITAL NAME:		MONTH/YEAR VISUALLY EDITED:	
ABSTRACTOR INITIALS:		TODAY'S DATE:	

EUREKA ADMISSION ID #:		ACCESSION/SEQUENCE #:	
DATA ITEM:	ORIGINAL VALUE:	CHANGED VALUE:	

REASON FOR DISPUTE:

REGIONAL REGISTRY RESPONSE:
☐ ORIGINAL CODE IS CORRECT   ☐ CHANGED CODE IS CORRECT
☐ NEITHER CODE IS CORRECT   ☐ NO DISCREPANCY IS COUNTED

REGIONAL REGISTRY COMMENTS:

EUREKA ADMISSION ID #:		ACCESSION/SEQUENCE #:	
DATA ITEM:	ORIGINAL VALUE:	CHANGED VALUE:	

REASON FOR DISPUTE:

REGIONAL REGISTRY RESPONSE:
☐ ORIGINAL CODE IS CORRECT   ☐ CHANGED CODE IS CORRECT
☐ NEITHER CODE IS CORRECT   ☐ NO DISCREPANCY IS COUNTED

REGIONAL REGISTRY COMMENTS:

EUREKA ADMISSION ID #:		ACCESSION/SEQUENCE #:	
DATA ITEM:	ORIGINAL VALUE:	CHANGED VALUE:	

REASON FOR DISPUTE:

REGIONAL REGISTRY RESPONSE:
☐ ORIGINAL CODE IS CORRECT   ☐ CHANGED CODE IS CORRECT
☐ NEITHER CODE IS CORRECT   ☐ NO DISCREPANCY IS COUNTED

REGIONAL REGISTRY COMMENTS: