



Serving Regions 2, 3, 4, 5, 6, 7, 10

Application for Disclosure of Confidential Registry Data for Research

Case-Listing for Patient Contact

Case Listing Only

Linkage

I. Basic Information

Project Title:

Application Date:

Principal Investigator:

Institution:

Mailing Address:

Phone Number:

Email:

Point of Contact:

Institution:

Phone Number:

Email:

1. Human Subjects

CPHS IRB Approval

Date of most recent review:

Approval expiration date:

Most recent review was (Select one):
Concept Approval
Final Approval

Notice of final approval is (Select one):
Attached
Pending

Institutional IRB Approval

Name of IRB:

Date of most recent review:

Approval expiration date:

Most recent review was (Select one):
Concept Approval
Final Approval

Notice of final approval is (Select one):
Attached
Pending

2. Project Funding

Source of funding:

Amount of funding:

Notice of funding is (Select one):
Attached
Pending

Grant number:

Date funding begins:

Date funding ends:

3. Estimated Project Completion

Estimated Completion Date:

4. Storage and Destruction of Data

Please refer to the “Appendix 3: Confidentiality Agreement for Disclosure of CCR Data” document for information on how the cancer registry data will be securely destroyed at the end of the project.

Appendix 3 filled out

II. Project Specifications

1. Selection Criteria

Expected sample size of your study:

Sites (ICD-O-2 or ICD-O-3):

Site Codes:

Histologies:

Histology Codes:

Or provide SEER site recodes:

(Reference http://seer.cancer.gov/siterecode/icdo3_d01272003/)

