



Initial Request Form for Confidential Cancer Registry Data

Thank you for your interest in obtaining data from the Cancer Registry of Greater California (CRGC), a program of the Public Health Institute (PHI). Please provide the following information about the project that prompts your interest in cancer registry data, and CRGC research staff will contact you within 5 business days to discuss your request. If you have any questions, please email:

CRGC-DATA@CRGC-CANCER.ORG

Contact Information

Your Name

This field is required.

Principal Investigator (PI) Name

PI's Organizational Affiliation

This field is required.

Email Contact

This field is required.

Phone Number

This field is required.

Basic Information

Project Title

This field is required.

Study Objective or Purpose

Study population of interest
(region/counties, cancer site,
age, sex, race/ethnicity, etc.)

Is funding for the study awarded,
pending, under review or being
proposed?

This field is required.

Specifications

Will the study involve using
cancer registry data to contact
patients? Yes No Not yet determined

This field is required.

Will the study involve linkage of
cancer registry data with other
data sources? Yes No Not yet determined

This field is required.

Which CRGC services would
support the study? Compilation of a Dataset Containing CRGC Records

Linkage of an Existing Dataset to CRGC Data*

Please only select services
that would be done by CRGC,
and not study tasks that
would be completed by your
institution. Tracing for Additional Contact Information (address, phone)*

Assistance with Survey Development*

Study Recruitment (Surveys, Informed Consent, etc.)*

Collection of Medical Records, Pathology Reports, or Biospecimens*

Check any/all that may apply,
leave blank if not applicable

Data Abstraction*

Project Management*

Data Analysis Support*

Other:

This field is required.

*Additional fees apply

Do you have any initial
questions for CRGC research
staff?

SUBMIT