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 your respective regional contact below:
   - Regions 2, 3, 4, 6, & 7/10 to Dee LeTendre at dletendre@crgc-cancer.org
   - Region 5 to Crickett Dyke at ndyke@llu.edu

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. 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:

Rev. March 2015