



*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. Please fill out Appendix 5 to describe how the data will be stored by your organization.

Appendix 3 filled out

Appendix 5 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/](http://seer.cancer.gov/siterecode/icdo3_d01272003/))

Diagnostic years required:

Sex (Select one):            Male Only            Female Only            Male and Female

Race/Ethnicity (Select one):    All    Non-Hispanic Black    Hispanic/Latinos

          Non-Hispanic Whites            Asian/Pacific Islanders            Other

Age:            to

Stage:

Vital Status:

Geographic Location: please explain the regions or counties in your study

Sequence (Select one):    First Primary    First and only Primary    Other

Other information required:

**2. Type of file you would like to receive (Select one):**

SAS            SPSS            Excel            Other

**3. For Linkage Applications Only:**

Linkage will be completed by:

Type of File A (Select one):    Study Cohort    CCR Data    OSHPD PDD Data  
          Other

          If Other, please describe:

          If OSHPD, number of years:

Type of data file A sent to CCR:

          SAS            SPSS            Excel            Other

Number of Records File A:

Type of File B (Select one):    Study Cohort    CCR Data    OSHPD PDD Data  
Other

If Other, please describe:

If OSHPD, number of years:

Type of data file B sent to CCR:

SAS            SPSS            Excel            Other

Number of Records File B: