



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/)

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:

III. Supporting Documentation

In addition to your application, please provide the following supporting documentation:

Local and State Institutional Review Board approval. CPHS approval is required for patient contact studies.

Appendix 3: Agreement for Disclosure of CCR Data signed by the principal investigator and responsible institution official.

Appendix 5

List of requested data items from the CCR including brief justification by variable topic.