1. Please complete this form electronically and save the file
2. Use two forms if more space is needed
3. Email the completed form as an attachment to wroshala@crgc-cancer.org

Cancer Registry of Greater California
Public Health Institute

1750 Howe Ave, Suite 550
Sacramento, CA 95825
916-779-0300 (phone)

Reporting Facility Abstractor Information Form

Facility Name:
Facility ID Number:
Contact Name:
Phone:
Fax:
E-mail:
Cancer Reporting Software Used:

Date:

Number of Abstractors:

Abstractor Name	Initials*	Indicate whether Employee or Vendor		If Vendor, provide name of agency or service	ODS Status		If Non-ODS, indicate if ODS eligible		If ODS, provide ODS #**
		Employee	Vendor		ODS	Non-ODS	Yes	No	

**Include all initials and/or numbers the named abstractor uses in cancer reporting software.*

***The ODS number begins with the last 2 digits of the year the ODS exam was successfully taken.*