

California Cancer Registry

Case Listing
 Case Listing for Patient Contact
 Linkage

Application for Additional Disclosure of Confidential Registry Data for Research

GENERAL INFORMATION

| | | | |
|------------------|---------|--|-----------------------------|
| Date: | | | |
| Project #: | Project | | |
| | Title: | | |
| PI Name: | | | Email: <input type="text"/> |
| Point of Contact | | | Email: <input type="text"/> |

TYPE OF REQUEST

| | | | | |
|------------------------------------------------------|------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------|
| <input type="checkbox"/> Additional CCR data years | Beginning: | <input type="text"/> | Ending: | <input type="text"/> |
| <input type="checkbox"/> Additional OSHPD data years | Beginning: | <input type="text"/> | Ending: | <input type="text"/> |
| <input type="checkbox"/> Additional patients | Yes <input type="text"/> | No <input type="text"/> | Number of additional patients: <input type="text"/> | |
| <input type="checkbox"/> Additional cancer sites: | <input type="text"/> | | | |
| <input type="checkbox"/> Additional variables | <i>(Please attach list with justification)</i> | | | |

HUMAN SUBJECTS

| | | | |
|------------------------------------------------------------|----------------------|--------------------------|----------------------|
| IRB (<i>Institution providing human subject review</i>): | | <input type="text"/> | |
| Date of most recent review | <input type="text"/> | Approval expiration Date | <input type="text"/> |
| CPHS (Committee for the Protection of Human Subjects) | | | |
| Date of most recent review | <input type="text"/> | Approval expiration Date | <input type="text"/> |

Describe the specific data/service you want CCR to provide. *(Additional cost may apply.)*

FOR CCR ONLY:

Request Reviewed and Approved by Research Program Director:

Signature

Date