Physician Self-Reporting User Guide

v1 | 12-13-16

Table of Contents

Overview	1
Physician Self-Reporting via Cancer Reporting Portal	2
Prerequisites	2
Steps	2
Submit a New Case	2
Cases with Missing Data	6

Overview

Physician self-reporting enables a physician's office to submit a cancer incident to the California Cancer Registry (CCR) through the CCR - Cancer Reporting Portal, url: <u>https://cancerreporting.ccr.ca.gov/</u>.

This guide provides instructions on how to submit the following:

- i. Submit a New Case.
- ii. Complete Cases with Missing Data.

If you have any questions regarding these processes, please email CCR at <u>hs-cancerreporting@ccr.ca.gov</u>.

Physician Self-Reporting via Cancer Reporting Portal

Prerequisites

- 1. Internet connection
- 2. Current internet browser

Steps

Submit a New Case

1. Navigate to the CCR - Cancer Reporting Portal's website, url: <u>https://cancerreporting.ccr.ca.gov</u> and login to your account by clicking on the Sign In button (top right).



2. Enter your login credentials and click on the Sign-in button.

Ścc	CR Name		€]Sign In
Sign in S	Redeem Invitation		
Sigirin	Username		
	Password		
	Sign in	Forgot Your Password?	

The browser redirects the user to the CCR - Cancer Reporting Portal and the top right of the screen will display the user as being logged in.

	California Cancer Registry California Department of Public Heath
	Cases with Missing Data Submit New Case
	WELCOME TO THE CALIFORNIA CANCER REGISTRY CANCER REPORTING PORTAL
	The California Cancer Registry (CCR) is a population-based, statewide cancer registry that was established in 1988. CCR collects information about most cancers diagnosed in California. All hospitals, facilities, and physicians diagnosing and/or providing treatment to cancer patients are required by law to report cases of cancer to CCR, which includes demographic, diagnostic, and treatment data.
	CCR is a program of the California Department of Public Health. CCR monitors the number of cancer cases and cancer deaths in California, examines treatment choices and other predictors of survival, conducts research to find the causes and cures of cancer, and responds to public concerns about cancer.
	If you are a physician who diagnoses and/or treats cancer patients, and would like more information on physician reporting of cancer, please review Physician Requirements for Cancer Reporting in California here.
	1. If you already have a local account on this portal, please click here proceed to the sign in page.
	2. If you are a physician and would like to register to electronically report cancer cases, please click here to request an account. Upon receipt of your registration you will be contacted by CCR staff to set up your account.
	3. If you have been contacted by CCR to provide additional information related to a cancer case, and you received an invitation code, click here.
_	Warning : This is a California Cancer Registry system that is for official use by authorized users and is subject to being monitored and/or restricted at any time. Minimum Requirements for access include compliance with the current CCR Information Security Policy, the machine you are using is protected by a firewall, is malware free, has running anti-virus software with current signatures, and any confidential information that you access that is stored on any device or media outside the Registry facilities is in password protected encrypted format. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. CLOSE THIS PAGE, if you are not an authorized or ry ou do not agree to the conditions stated in this warning.

4. To submit a new case, click on the text link Submit New Case.



5. The New Case – Confidential Physician Cancer Reporting form is displayed.

New Case - Confidential Physician Cancer Reporting Form Please fit all the required fields denoted by * to complete the case. If you need help completing the form please review the user guide here. Please fit all the required fields denoted by * to complete the case. If you need help completing the form please review the user guide here. Please fit all the required fields denoted by * to complete the case. If you need help completing the form please review the user guide here. Please fit all the required fields denoted by * to complete the case. If you need help completing the form the user guide here. Please fit all the required fields denoted by * to complete the case. If you need help completing the form the user guide here. Please fit all the required fields denoted by * to complete the case. If you need help completing the form the user guide here. Please fit all the required fields denoted by * to complete the case. If you need help completing the form the user guide here. Please fit all the required fields denoted by * to complete the case. If you need help completing the form the user guide here. Please fit all the required fields denoted by * to complete the case. If you need help completing the form the user guide here. Please fit all the required fields denoted by * to complete the case. If you need help completing the form the user of the use			
Please review the user guide here. Please review the	New Case - Confidential Physic	cian C	ancer Reporting Form
Patential Diagnosis information *Ven Nore* Diagnosis Contrastion *Lat Nore* Diagnosis Contrastion *State State *Venue y State *Venue State State *Venue State State *State State State *Venue State State *State State State Concel *State State State Path State State *State * Concel *State State Path N *State State Path N *State State Path N *State State Frash N *State State State State *State State Frash N *State State Frash N *State State State State *State State Frash N *State State Frash N *State	Please fill all the required fields denoted by * to lease review the user guide here.	complet	te the case. If you need help completing the form
"fast Name" 'tota of Gagestan" "stat Name" Dagesta Contraction "stat Name" 'Hearing Backnow" "stat Name" 'Hearing Backnow" "stat State of Namber" Oacke "stat State of Namber" Oacke "stat State of Namber" Oacke "state of Oacke Path Namee "state of Oacke Treatment - with readiation "state Name	atient information		Diagnosis information
Last kana* Degesite Contraction Last kana* Pressyste Contraction Middle Name *freeny kan* *testing Selection *freeny kan* *testing Selection *freeny kan* *testing Selection Conset *testing Selection Path Selection *testing Selection Path N *testing Selection Conset	irst Name *		*Date of Diagnosis *
"Last kame" Dagestis Confirmation Mode Kame "Yreary Eis" Sind Kame "Yreary Eis" "Extic Dash" "Same Same Same Same Same Same Same Same			
Matche Name "Virany bis" "test Row and and an analysis of the state of the st	ast Name "		Diagnostic Confirmation
Name Primity Sar ** ** <			
Tesh Dar "Issing Bahavar" EXAMPLE "Issing Bahavar" EXAMPLE "Issing Bahavar" EXAMPLE "Issing Bahavar" State 'Issing Bahavar" "Issing Bahavar" Dase "Issing Corps" Dase "Issing Corps Dase "Issing Corps Dase Dase of Las Contact Pah N Dase of Las Contact Pah N "Issing Corps Dase "Issing Contact Pah N "Issing Contac	dale Name		"Primary Site "
Name Name Pathon Pathon Pathon Contract Pathon Contract Pathon Pathon	Net Date		Winisham Rehavior
SN "Laterative" Webcan Record Number" Drade "Speaken Misspace Origin" Drade "Speaken Misspace Origin" Drived Stage Group "Start" Original T "Start" Original M Uncomparison Path Stage Group Original M Original M Uncomparison Path Stage Group Date of Last Contect Path T "Start" Path M "Start Name" Path M "Treatment - surgery related Path M "Start" Path M "Start" Path M "Start" Path M "Treatment - with relation Path M "Treatment - with relation P	12/8/2016		manogy senario
***** Orse ***** Oincal Stage Group ***** Oincal T **** Oincal T ***** Path T ***** Path T ***** Path N ***** Path N ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** *****	SN		"Laterality *
"Headsaf Record Number " Grade "sparshiftspanic Origin " Citical Rhap Group "tase " Path Rhap Group "tase of Last Contact Path Rh "tase " Path H "tase " Path H "tase " Treatment - surgery related "tase " Europe Shap "tase Shap			
**aaraahisaana Orgin* cincal taga Group **aaraahisaana Orgin* cincal taga Group **aar* Cincal T **aar* Cincal M **aar* Paih T **aar* Paih M **aar* Paih M **aar* Freahment * surgery related **aar* Freahment * surgery related **aar* Freahment * vith radiation	fedical Record Number *		Grade
**ganshispans Orgin * Otical Stage Group *#ae * Otical T *#ae * Otical T *#ae * Otical N *#ae * Path Stage Group *#ae * Path Stage Group *#ae * Path N *#ae * Path N <td></td> <td></td> <td></td>			
Image: Second	ipanish/Hispanic Origin *		Clinical Stage Group
"Hear" Clineal T "Sea" Clineal M "Sea" Clineal M Image: Sea Constant Path Stage Group Image: Sea Constant Path T Image: Sea Constant Surgeord Treatment - Surgery related Image: Sea Constant Surgeord Treatment - Surgery related Image: Sea Constant Surgeord Treatment - Surgery related Image: Sea Constant Surgeord Treatment - With radiation Image: Sea Constant Surgeord Treatm	· · · ·	~	-
**ex Closed N **ex Path Stap Group	iace '		Clinical T
**sx* Clinical N Maturano Payer Clinical M Langest Mid Occupation Path Tage Group Langest Mid Occupation Path Tage Group Langest Mid Occupation Path Tage Group Path of Calculation Path Tage Group Path T Path Tage Group Path N Path N **orget Treatment * surgery related **areat* Path N **areat Treatment * surgery related **areat * Path Tage Tage Tage Tage Tage Tage Tage Tage		Q	
Image: Second	iex."		Clinical N
Instance Payer Clinical M Lengest Held Occupation Path Stage Group Lengest Held Occupation Path Stage Group Date of Last Contact Path T Date of Last Contact Path N Orgon Tumer Stage patimeters) "State Tumer Stage patimeters) "State of Contact Surgent Staction Task States * Contact Nortabee "Last States * Treatment - with radiation "Last States * Indicion Start Date "Task States * Indicion Start Date "Task States * Indicion Start Date "Task States * Indicion Start Date <		~	
	surance Payer		Clinical M
Lengent Held Occupation Path Nage Group Case of Last Contact Path T Case of Last Contact Path T Path Internation Path N "Stores" Path N "Stores" Path N "Stores" Path N "Stores" Treatment - surgery related "Stores" Surgery Tonie Attending physician Information Surgery Tonie Path Name Surgery Tonie "States" Surgery Tonie "States" Treatment - surgery related "States" Surgery Tonie "Attending physician Information Surgery Tonie "States" Treatment - with reliation "Path Name" Radiation Threatment Narrative "States Name" Radiation Threatment Narrative "States Name" Radiation Threatment Narrative "Attendent Name" Radiation Threatment Narrative "States Name" Radiation Threatment Narrative "Cat Leases Name" Radiation Threatment Narrative "States Name" Treatment - with relation "States Name" Treatment Narrative "States Name" Treatment Narrative		~	
Image: Section Sectio	angest Held Occupation		Path Stage Group
Data of List Cented: Path T Data of List Cented: Path T Pathent address information Path N "start" Path N "only" Teach Size politienters) "start" Teach Size politienters) "start " Surgery Celte "task bases" Surgery Celte "task bases " Teachment - surgery related "task bases " Surgery Celte "task bases " Teachment - with rediation "task bases " Teachment - with rediation "task bases " Teachement - with rediation "task bases " Teachement - with rediation "task bases " Teachement Start Date "task bases " Teachement Start Date "task bases " Teachement Neurophene Celters" "task bases " Teachement Start Date			
19800% Image: Subscription of the su	ate of Last Contact		Path T
Patient address information "steat" " " Pain M " Pain M	12/6/2016	-	
Palent address information **exet **exet **ex			Path N
Breef *Bit * Coty * *State * *State * *State * *Treatment - surgery related *Zo * *Surgery Data Factors Prysical factory *State * *St	atient address information		
Copy * Tures Ease pollimeters) *tais * Treatment * surgery related *tays Eargest Assity *tays Eargest Assity Attending physician information Eargest Assity Physician Starch Eargest Assity *tays at Rame * Eargest Assity *trait Rame * Eargest Managet Managet *frest Rame * Radiation Traitment Narrative *frest Rame * Eargest Traitment Narrative *frest Rame * Radiation Traitment Narrative *frest Rame * Eargest Traitment Narrative *frest Rame * Radiation Traitment Narrative *frest Rame * Eargest Traitment Narrative	itreet *		Path M
"Coty" Tumer Has pullimeters) "State " Treatment - surgery related "State " Surgery Date Attending physicilar information Europer State Prysicin Starth Surgery Date "Treatment - surgery related Surgery Date "State " Surgery Date "Yest States " Surgery Date "Yest Name " Treatment - with readiation "Prysicial Model Name Relation Star Date "We Number " Utscores "CA Liberte Number" Treatment - with radiation "Treatment - with radiation Treatment - with radiation "States" Treatment - with radiation "We Number " Treatment - with radiation "CA Liberte Number" Treatment - with radiation "Treatment - with radiation Treatment - with radiation			
**ase * Treatment - surgery related **ase * Burgery Date Attending physician information Surgery Date Pysican Sacch Surgery Date **ast Kanse * Checkers **ust Kanse * Treatment * with radiation **ust Kanse * Radiation Taratment Karstree **ust Kanse * Treatment - with radiation **ust Kanse * Taratment * with radiation	ity *		Tumor Size (millimeters)
*#uk * *#uk * Treatment - surgery related Treatment - with radiation * * * * * * * * * * * * * * * * * *			
Treatment - surgery related Treatment - with radiation Treatment Narratve Treatment - with radiation Treatment - with drags Treatmen	itate "		
Zgo* Lenged Facility Attending physicia information Surgery Date Physicia Sacta Surgery Date ************************************			Treatment - surgery related
Surgery Date Physician information Physician Standa Trast Name * "Trast Name * Physician Models have Radiation Theory Physician Models have "All Locate Number * "Call Locate Number * "Call Locate Number * "Trastment - with radiation "All Locate Number * "Call Locate Number * "Trastment - with radiation "Trastment * Trastment * Trastment * "Trastment * "Trastment * Trastment *	ар -		surgical Pacinty
Attending physician information Information Prysician Secto Respect Treatment Number *Last Reme * Treatment - with radiation *Last Reme * Reductor Treatment - with radiation *Prysician Mode Name Reductor Treatment - with radiation *WP Number * Treatment - with radiation **A Losses Number * Reductor Treatment Number **GA Losses Number * Treatment - with drugs **Gast * Treatment - with drugs	/		Rumany Data
Prysician Starch Fungual Tradment Number 'Harst Name ' Treatment - with radiation 'WP Number ' Radiation Therapy 'WP Number ' Elstown Tradiation 'CA Leares Number ' Radiation Trustment Number 'Ca Leares Number ' Internent - with radiation 'Treatment - with radiation Internent - with radiation 'WP Number ' Elstown Trustment Number 'CA Leares Number ' Internent - with radiation 'Treatment - with radiation Treatment - with radiation	ttending physician information		128/2016
	hysician Search		Surgical Treatment Narrative
"Last Rame * Image: Constraint of the second seco		Q	-
	ast Name *		
**rst Name * Treatment - with radiation Prysician Middle Name Radiation Therapy **ref Number * Information Start Date *Set Number * Information Start Date *CA Learese Number * Radiation Trustment Narrative *CA Learese Number * Treatment - with radiation *maxt* Treatment - with radiation *maxt* Treatment - with radiation			
Physician Middle Name Physician Middle Name Physician Middle Name Radiation Start Date Radiat	irst Name '		Treatment - with radiation
Physician Middle Kome Physician Middle Kome Physician Middle Kome Physician Middle Kome Physician Middle Kome Phy			Radiation Therapy
Radiation Start Date "NP Number" "A License Number" "A License Number" "Enals" "Treatment - with drugs "treatment" "Drug Agents	hysician Middle Name		
Yet Number* 150016 Relation fractment Number* Relation fractment Number "Enalt" Treatment - with drugs "treatment" Drug Agents			Radiation Start Date
CA License Number * CA License Number * CA License Number *	PI Number *		12/8/2016
"CL Leases Number"			Radiation Treatment Narrative
Tenar · · · · · · · · · · · · · · · · · · ·	A License Number ^		
"Binal" Treatment - with drugs Drug Agents Drug Agents			
Treatment - with drugs Treatment - Drug Agents Drug Agents	mail "		
The second secon			rreatment - with drugs
Piljshulli dutek	nysician Street "		
Drug Start Date			Drug Start Date
	пузисная ситу -		12/8/2016
Drug Treatment Narrative			Drug Treatment Narrative
Trinysician state	nysician state - CA	V	-
Shuridan Tin 1	Burleisa 7in *		
"Physician zip "	nysician zip *		

6. Users must complete all required fields denoted with an asterisk * . The remaining fields are requested if available. Click on the Submit button at the bottom when done. 7. The Case Submit Confirmation page is displayed with the submission status.

ŚĊĊŖ	L John Snow -
California Cancer Registry	
California Department of Public Heath	
Cases with Missing Data Submit New Case	
California Cancer Reporting Portal / Case Submit Confirmation	
Case Submit Confirmation	
The information you have entered has been submited.	

8. At this juncture, users can submit another New Case or respond to a new request for missing case information by clicking on the Cases with Missing Data link.

ŚĊĊŔ	L John Snow -
California Cancer Registry California Department of Public Heath	
Cases with Missing Data Submit New Case	
California Cancer Reporting Portal / Case Submit Confirmation	
Case Submit Confirmation	
The information you have entered has been submitted.	

Cases with Missing Data

Cases with Missing Data represent cases from a physician's office which have missing data elements for which the CCR is requesting additional information.

Steps to complete the Cases with Missing Data are as follows:

1. Click on the text link Cases with Missing Data.



2. The Cases with Missing Data page displays. Cases are displayed by the Casefinding ID, Case Title, Reporting Source and the Provider.

K CCR			👤 John Snow 🗸
California Ca	incer Registry		
California Department	t of Public Heath		
Cases with Missing	Data Submit New Case		
If you do not see "My Linked Case For instance, if yo Reporting Sour Once you get to so the view/queue w	any cases in the view/queue you are currently on, ple s". ou are on the view/queue " My Linked Cases as a Co ce" or vice versa using the down arrow (v). see the cases in the concerned view/queue, please cli where you will find the cases is determined based on w	ase switch the view/queue by select ntact", you may switch the view/que ck on the corresponding Casefinding /hether you are a known, verified, ar	ting the down arrow (v) to the right of eue to " My Linked Cases as a g ID to submit the case. Note that ad registered user of the site.
Hy Linked Case	s as a Reporting Source +		Enter your search criteria
Casefinding ID 🕇	Case Title	Reporting Source	Provider
123456	DOE, JOHN	GET WELL CLINIC - SACRAMENTO	JOHN JAMES
789101	DOE, JANE	GET WELL CLINIC - SACRAMENTO	JOHN JAMES
112345	DIMON, JAMIE	GET WELL CLINIC - SACRAMENTO	

NOTE: Users can toggle the display to view cases in the queue by "My Linked Cases as a Contact" or switch the view to display as "My Linked Cases as a Reporting Source" by clicking on the (v) to view the drop-down.

California Cance	er Registry			L John Snow -
California Department of Pu	blic Heath			
Cases with Missing Data	Submit New Case			
If you do not see any "My Linked Cases" For instance, if you ar Reporting Source " o Once you get to see t the view/queue where	cases in the view/queue you are currently on, plea e on the view/queue " My Linked Cases as a Cor r vice versa using the down arrow (v). he cases in the concerned view/queue, please clic e you will find the cases is determined based on w	ase switch the view/queue by select ntact", you may switch the view/que ck on the corresponding Casefinding hether you are a known, verified, an	ing the down arro ue to " My Linked g ID to submit the d registered use	bw (v) to the right of d Cases as a e case. Note that r of the site.
My Linked Cases as	a Reporting Source		Enter your	search criteria
My Linked Cases as a	Reporting Source	Reporting Source	Provider	
1234300		GET WELL CLINIC - SACRAMENTO	JOHN JAMES	
789101 DO	E, JANE	GET WELL CLINIC - SACRAMENTO	JOHN JAMES	
112345 DIM	ION, JAMIE	GET WELL CLINIC - SACRAMENTO		

3. Click on the Casefinding ID of the case you want to fill the missing data for.

CCR			L John Snow -
California Ca California Department	Incer Registry		
Cases with Missing	Data Submit New Case		
If you do not see "My Linked Case For instance, if yo Reporting Source Once you get to s the view/queue w	any cases in the view/queue you are currently on, ple s". ou are on the view/queue " My Linked Cases as a Co ce" or vice versa using the down arrow (v). see the cases in the concerned view/queue, please cli /here you will find the cases is determined based on w	ase switch the view/queue by select ntact", you may switch the view/que ck on the corresponding Casefinding /hether you are a known, verified, ar	ing the down arrow (v) to the right of oue to " My Linked Cases as a g ID to submit the case. Note that nd registered user of the site.
Hy Linked Cases	s as a Reporting Source -		Enter your search criteria
Casefinding ID 🕇	Case Title	Reporting Source	Provider
123456 ←	DOE, JOHN	GET WELL CLINIC - SACRAMENTO	JOHN JAMES
789101	DOE, JANE	GET WELL CLINIC - SACRAMENTO	JOHN JAMES
112345	DIMON, JAMIE	GET WELL CLINIC - SACRAMENTO	

4. The Case Details page is displayed.

California Cancer Registry California Department of Public Heath		
Cases with Missing Data Submit New Case		
Case Details		
INFORMATION (Please read below	before proceeding	nur furthari
 In order to submit the case successfully, at a 	r before proceeding a minimum, you are requ	iny further) aired to fill the fields marked with " preceding the corresponding field
labels below. After the required fields are filler	d, click on 'Submit Cas	e.'
2. If you cannot submit the case and would like i	o make a request for c	ancellation, please cick HERE.
Patient information		Diagnosis information
"First Name "		*Date of Diagnosis *
JOHN		1230/2015
'Last Name '		Diagnostic Confirmation
DOE		×
Middle Name		"Primary Site "
		EYE NOS X Q
"Birth Date "		"Histology Behavior"
2/1/1960	=	Superficial spreading malig melanoma 🗙 Q
55N		*Laterality *
		Let
*Medical Record Number *		Grade
		M
*\$panish/Hispanic Origin *		Clinical Stage Group
	×	
'Race '	-	Clinical T
	a	
'Sex '		Clinical N
Male	¥	
Insurance Payer		Clinical M
	v	
Longest Held Occupation		Path Stage Group
Date of Last Contact		Path T
12882016		
Patient address information		Path N
"Street"		
D		Path M
"City "		
D		Tumor Size (milimeters)
*State *		
CA	¥	Treatment - surgery related
'Z/p '		Surgical Facility
D		
		Surgery Date
Attending physician information		12/6/2016
Physician Search JOHN JAWES	x 0	Surgical Treatment Narrative
	• 4	
"Last Name "		
"Pirst Name"		Treatment - with radiation
		Radiation Therapy
Physician Middle Name		
		Radiation Start Date
"NPI Number *		12002010
		Radiation Treatment Narrative
*CA License Number *		
"Email "		Treatment with drugs
		reatment - with drugs
'Physician Street '		
"Physician Street "		Down Start Date
"Physician Street "		Drug Start Date 12/8/2016
"Physician Street "		Drug Start Date 12/822915 III
Physician Street		Drug Sant Date 12/02/2016 E Drug Treatment Narrative
Physician Street *	2	Drug Start Date 1280295 Drug Treatment Narrative
Physician Breat " " Physician Breat" " " Physician Bate " C A " Physician Bate " " Physician Bate " " Physician Bate " " Physician Bate "	×	Dog Start Ode UsarCom Dog Tredmet Narrafve Dog Tredmet Narrafve
Physician Bines" Physician Oly " Physician Oly " CA Physician Zip "	×	Dog Start Date StartColor StartColor Dog Tredinent Narrafive
Physikin Binet*	×	Dog Start OM Escolor M Dog Treditent Narrähe Dog Treditent Narrähe

5. On the Case Details form, users must complete all required fields denoted with an asterisk * . The remaining fields are requested if available. Click on the Submit button at the bottom when done.

NOTE: To cancel a case, skip to step 8.

6. Users are redirected to a confirmation page that verifies the data entered have been submitted.

		👤 John Snow 🗸
California Cancer California Department of Pub	Registry lic Heath	
Cases with Missing Data	Submit New Case	
The information you have ent	ered has been submited.	

- 7. At this juncture, users can work on another case with missing data by clicking on the Cases with Missing Data link or click on the Submit New Case link to submit a new case.
- 8. To cancel a case when on the Case Details form, click on the link HERE located towards the top of the page under IMPORTANT INFORMATION, number 2.

Case Details		
IMPORTANT INFORMATION (Please read belo	w before proceeding any further)	
 In order to submit the case successfully, at a labels below. After the required fields are fille 	n minimum, you are required to fill the fields marked with * preceding the corres	ponding field
2. If you cannot submit the case and would like	to make a request for cancellation, please click HERE.	
Patient information	Diagnosis information	
Patient information *First Name *	Diagnosis information *Date of Diagnosis *	
Patient information *First Name *	Diagnosis information *Date of Diagnosis * 12/30/2015	Ĭ
Patient information *First Name * *Last Name *	Diagnosis information Date of Diagnosis * 12/30/2015 Diagnostic Confirmation	=
Patient information *First Name* *Last Name*	Diagnosis information Date of Diagnosis * 12/30/2015 Diagnostic Confirmation	
Patient information *First Name * *Last Name * Middle Name	Diagnosis information Date of Diagnosis * 12/30/2015 Diagnostic Confirmation Primary Site *	

9. The Case Closure Request form page will be displayed.

K CCR		L John Snow -
California Cance California Department of Pub	r Registry lic Heath	
Cases with Missing Data	Submit New Case	
California Cancer Reportin	Portal / Profile / Physician Case List / Case Details / Case Closure Request	
Case Closu	ire Request	
Diagon complete	the form below only if you are unable to provide the missing information we	are
seeking for the p browser to go to	otential cancer case. If this is not what you intend to do, use the back button the case information form in order to submit the case.	i on your
Ve are unable to submit th	e case because,	on your
We are unable to submit th Additional Comments (if no	e case because, comments, please enter N/A)	on your
Additional Comments (If no	comments, please enter N/A)	i on your

10. On the Case Closure Request form, users should choose the reason for not being able to submit the case from the available drop-down options and provide additional comments as applicable (if no comments, please enter N/A).

Case Closure Request
Please complete the form below only if you are unable to provide the missing information we are seeking for the potential cancer case. If this is not what you intend to do, use the back button on your browser to go to the case information form in order to submit the case.
We are unable to submit the case because,
Additional Comments (If no comments, please enter N/A)
Can't Submit

11. When ready to submit the form, click on the Can't Submit button.

Case Closure Request	
Please complete the form below only if you are unable to provide the missing information we are seeking for the potential cancer case. If this is not what you intend to do, use the back button on your browser to go to the case information form in order to submit the case.	
We are unable to submit the case because,	
	~
Additional Comments (If no comments, please enter N/A)	
Can't Submit ←	

12. Users are redirected to the Cases with Missing Data page, and the case from step 11 above will be removed from the queue.

S CCR			L John Snow -				
California Cancer Registry							
California Department of Public Heath							
Cases with Missing	Data Submit New Case						
If you do not see any cases in the view/queue you are currently on, please switch the view/queue by selecting the down arrow (v) to the right of "My Linked Cases". For instance, if you are on the view/queue " My Linked Cases as a Contact ", you may switch the view/queue to " My Linked Cases as a Reporting Source " or vice versa using the down arrow (v). Once you get to see the cases in the concerned view/queue, please click on the corresponding Casefinding ID to submit the case. Note that the view/queue where you will find the cases is determined based on whether you are a known, verified, and registered user of the site.							
My Linked Case	Enter your search criteria						
Casefinding ID 🕇	Case Title	Reporting Source	Provider				
789101	DOE, JANE	GET WELL CLINIC - SACRAMENTO	JOHN JAMES				
112345	DIMON, JAMIE	GET WELL CLINIC - SACRAMENTO					

13. At this juncture, users can work on another Case with Missing Data or Submit a New Case.