



**Utah Cancer Registry
Data Request for Non-Identifiable Data**

- Tabulated Data
- Incidence/Mortality/Survival (Rates)
- Tumor-Level Data (De-Identified)
- Seer-MEDICARE

Date: _____
 Data Request#: _____
 Done By (name): _____
 Date Completed: _____
 Time to Complete: _____

SECTION I: PRINCIPAL INVESTIGATOR & PROJECT TITLE

Requestor/Principal Investigator:	
Department:	
Address:	
Phone Number:	Fax Number:
Email:	
Reason for Request:	
Date Needed:	Date Promised:

SECTION II: CANCER SITE AND PATIENT INFORMATION

<i>Cancer Information</i>	<i>Patient Information</i>
Site:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
Histology:	Age: <input type="checkbox"/> All Ages
Behavior: <input type="checkbox"/> Benign (Brain Only) <input type="checkbox"/> In Situ <input type="checkbox"/> Borderline (Ovarian Only) <input type="checkbox"/> Invasive	Race/Ethnicity: <input type="checkbox"/> All Race/Ethnicities <input type="checkbox"/> Non-Hispanic White <input type="checkbox"/> Non-Hispanic Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other:
Diagnosis Years:	Vital Status: <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Both
Tumor Sequence: <input type="checkbox"/> All <input type="checkbox"/> First Primary	Other Site/Patient Criteria:
Diagnosis County: <input type="checkbox"/> All <input type="checkbox"/> Other: _____	

SECTION III: COMMITTEE REVIEW & APPROVALS (Tumor-Level Data Only)

<i>Review Boards</i>	<i>Initial Review</i>		<i>Renewal</i>	
	<i>Date Approved</i>	<i>Expiration Date</i>	<i>Date Approved</i>	<i>Expiration Date</i>
Home Institution IRB (if not U of U): # _____				
University IRB: # _____				
RGE				
CCIC				
ARC: # _____				
HDROC				
IHC: # _____				
Hospital IRB:				

**Utah Cancer Registry
Data Request for Non-Identifiable Data**

SECTION IV: OUTPUT DESCRIPTION

Referred to UCR Website

Tables:

Incidence/Mortality/Survival (Rates):

- Age-Adjusted
- Age-Specific

Tumor-Level Data (De-Identified):

<p>Output Format:</p> <ul style="list-style-type: none"><input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel<input type="checkbox"/> ASCII<input type="checkbox"/> Fixed Column <input type="checkbox"/> Delimited: _____<input type="checkbox"/> SAS dataset<input type="checkbox"/> Other: _____	<p>Send Data:</p> <ul style="list-style-type: none"><input type="checkbox"/> Email (zipped, password, encrypted)<input type="checkbox"/> 3 1/2" Floppy<input type="checkbox"/> Mail <input type="checkbox"/> Pick-Up<input type="checkbox"/> CD-ROM<input type="checkbox"/> Mail <input type="checkbox"/> Pick-Up<input type="checkbox"/> Other: _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------