



**Utah Cancer Registry
Data Request for Patient Identifiable Data**

<input type="checkbox"/> Patient Contact Study	Date: _____
<input type="checkbox"/> Tumor Block Study	UCR Study ID#: _____
<input type="checkbox"/> Data Linkage Study: Data Request #: _____	
Done By (Name): _____	
Date Completed: _____	
Time to Complete: _____	

SECTION I: PRINCIPAL INVESTIGATOR & PROJECT TITLE

Principal Investigator:		Study Coordinator:	
Department:		Department:	
Address:		Address:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Project Title:			
Contact/Tumor Collection Start Date:		Contact/Tumor Collection End Date:	

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"/> All
Tumor Sequence: <input type="checkbox"/> All <input type="checkbox"/> First Primary	
UT Residents Only <input type="checkbox"/>	Other Site/Patient Criteria:
Diagnosis County: <input type="checkbox"/> All <input type="checkbox"/> Other: _____	

SECTION III: COMMITTEE REVIEW & APPROVALS

<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:				