

California Cancer Registry

Application for Disclosure of Confidential Registry Data for Research

I. SERVICES REQUESTED

Case listing for analysis only Case listing for patient contact Data Record Linkage

Linkage Type: CCR/OSPHD CCR/Study Cohort CCR/Other Data File

Number of Records

II. BASIC INFORMATION

Application Date:

Project Title:

Principal Investigator

Last Name:

First Name:

Title:

PI Institution:

Department:

Mailing Address:

City:

State:

Zip Code:

PI Phone Number:

PI Email:

Primary Point of Contact:

POC Institution:

POC Phone:

POC Email:

III. HUMAN SUBJECTS (CCR requires human subjects approval from CPHS and the recipient's institution.)

A. Committee for the Protection of Human Subjects (CPHS)

Date of most recent review:

Approval Expiration Date:

B. IRB Name:

Date of most recent review:

Approval Expiration Date:

IV. PROJECT SPECIFICATIONS

Date Needed by:

1. CCR Selection Criteria (complete for all project types)

Requested Cancer Sites/Types:

Cancer Histologies:

Date of Diagnosis:

Start Date: End Date: Vital Status: Alive Deceased All

SEX: All Sexes: Males Only Females Only AGE: All Ages OR Start Age: End Age:

Race/Ethnicity:

All Non Hispanic Black Non Hispanic Asian/Pacific Islander Non Hispanic White
 Hispanic Other (Please Specify):

Other Specifications (Enter specifications such as stage as dx, surgical treatment, etc.)

Residence at dx (statewide or list counties)

Patient Contact Studies:

Number of records requested to meet target enrollment

2. Study Cohort Characteristics (complete for linkage projects only)

Cohort Data includes:

All Sexes Males Only Females Only DOB SSN SSN Last Four Digits
 First Name Last Name Middle Name/Initial Address Zip Code

Cohort General Description:

Type of files sent to CCR:

SAS SPSS TxT DAT CSV Other (Specify):

3. OSHPD Linkage Specifications

OSHPD file(s) requested: PDD (Available Beginning 1991) ED (Available Beginning 2005) AS (Available Beginning 2005)

OSHPD Data Years: Begin End

4. Other Linkage Specifications

File(s) Requested:

Data Years: Begin End

V. PROJECT FUNDING

Source of Funding: Attached
Pending
Not Funded

Amount of Funding: Grant Number:

Funding Starts: Funding Ends:

VI. TYPE OF FILE RETURNED

Type of file you would like to receive:

SAS SPSS TxT DAT CSV Other (Specify):

VII. SUPPORTING DOCUMENTATION

Email completed application and documents listed below to: research@ccr.ca.gov
Should you have questions please contact data release coordinator at the research email account or call (916)731-2500.

- CPHS approved study protocol (without appendices)
- Appendix 3: Agreement for disclosure of CCR data signed by principal investigator and responsible institutional official.
- Copy of CPHS Letter of Approval.
- Copy of Institutional IRB Letter of Approval.
- Copy of Grant Award.
- List of requested CCR variables, including justification.
- VSAC approval if death-related variables (e.g., vital status, survival time, cause of death) are requested.

Please visit the Data Dictionary web page: (<http://dd.ccr.ca.gov>) for a listing and definition of CCR variables. Please provide a list of each variable requested, including justification.

NOTE: Not all CCR variables are available for release to outside researchers. Any questions regarding the appropriateness of a variable for your project should be directed to our research email address at research@ccr.ca.gov