

# 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](mailto: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](mailto:research@ccr.ca.gov)