

California Cancer Registry

Case Listing ☐
Case Listing for Patient Contact ☐
Linkage ☐

Application for Additional Disclosure of Confidential Registry Data for Research

GENERAL INFORMATION

Date:				
Project #:		Project Title:		
PI Name:			Email:	
Point of Contact			Email:	

TYPE OF REQUEST

<input type="checkbox"/> Additional CCR data years	Beginning:		Ending:			
<input type="checkbox"/> Additional OSHPD data years	Beginning:		Ending:			
<input type="checkbox"/> Additional patients	Yes		No		Number of additional patients:	
<input type="checkbox"/> Additional cancer sites:						
<input type="checkbox"/> Additional variables	<i>(Please attach list with justification)</i>					

HUMAN SUBJECTS

IRB <i>(Institution providing human subject review):</i>			
Date of most recent review		Approval expiration Date	
CPHS (Committee for the Protection of Human Subjects)			
Date of most recent review		Approval expiration Date	

Describe the specific data/service you want CCR to provide. *(Additional cost may apply.)*

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FOR CCR ONLY:

Request Reviewed and Approved by Research Program Director:

Signature

Date