# 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**

□ Additional CCR data years	Beginning:				Ending:			
□ Additional OSHPD data years	Beginning:			Ending:	r.			
□ Additional patients	Yes		No			nber of add		
□ Additional cancer sites:								
□ Additional variables	(Please attach list with justification)							

#### HUMAN SUBJECTS

IRB (Institution providing human su	ıbject review).							
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.)

FOR CCR ONLY:

Request Reviewed and Approved by Research Program Director: