

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
Number of records _____

☒ CCR/ other Data File

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 all recipient institutions.)

Committee for the Protection of Human Subjects (CPHS)

Date of most recent review _____

Approval Expiration Date _____

IRB NAME _____

Date of most recent review _____

Approval Expiration Date _____



California Cancer Registry

Application for Disclosure of Confidential Registry Data for Research (Continued)

IV. Project Specifications

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

Data needed by:

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:

Number of records requested to meet target enrollment for **Patient Contact Studies**:

(NOTE request for additional records after initial data release may result in additional charges)

Race/Ethnicity:

☐ ALL

☐ NH Black

☐ NH Asian/PI

☐ NH White

☐ Hispanic

☐ Other (please specify):

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

Residence at dx:

Statewide?
or list counties

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

☐ Zipcode

Cohort general description

Type of file 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 available: 2005)

OSHPD data years:

Begin

End

4. OTHER Linkage Specifications

File(s) requested:

PLACE FILLABLE TEXT BOX
FOR TYPE OF FILE (DELETE
CHECK BOXES)

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

☒ DAT

☒ Txt

☒ SPSS

☒ 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 webpage (<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.