

CALIFORNIA CANCER REGISTRY

Form to Request Network Reporting Facility Status (To Submit a Single Abstract for a Reporting Network)

INSTRUCTIONS:

- To Apply for Network Reporting by submission of a single abstract complete pages 2-4
- To Disband a Network Reporting Facility complete pages 5-6
- Contact your CA Regional Registry for further information on where to submit your form(s)

The following are the California Cancer Registry (CCR) criteria for reporting facilities to submit a single abstract within their network system (see specific ACS Accreditation Categories below and on page 2):

- a. American College of Surgeons' (ACS) designated Network (INCP) Cancer Program
OR
- b. Facilities or Integrated Healthcare Systems sharing the same unified patient medical record, but not designated as an ACS Integrated (INCP) Network Cancer Program
- c. Facilities or Integrated Healthcare Systems sharing the same unified patient medical record, but with individual ACS designated cancer programs (ACAD, CCP, CCCP, NCIN, NCIP). May implement CCR Network Reporting but will continue to report additional analytic cases where required by individual facility ACS accreditation.

The following facilities meet the criteria for facilities reporting as a network, as per the CCR requirements. The Network Reporting Facilities will follow the CCR Network Reporting Guidelines and will implement Single Abstract Reporting for cases seen within their network.

Non-Analytic cases will continue to be reported only for cases originally diagnosed and treated outside of the Network, presenting with active disease later within the Network, and where the Network has no existing abstract for this tumor.

The Network must notify the regional registry of any changes in facility reporting status, such as disbanding the network, the closure of a reporting facility within the network or if a reporting facility leaves the network. Individual reporting facilities will notify the regional registry of caseload changes resulting from this reporting structure change.

**CCR Form to Request Network Reporting Facility Status
(To Submit a Single Abstract for a Reporting Network)**

Name and Facility ID# of the Network or Integrated System Reporting Facilities:

1. _____
2. _____
3. _____
4. _____

NOTE: IF more than four facilities are included in the Network you may attach a separate list as necessary in order to list all facilities included, and document Representative Names, Signatures and Dates. Submit all pages together.

Which Method of Reporting will be used by the Network or Integrated System:

1. First facility to diagnose or treat takes responsibility for reporting the case. (Yes) (No)
2. Facility where predominant care was managed, administered, or required for tracking long-term patient outcomes and follow-up will report case. (Yes) (No)
3. Designate one reporting facility for all network or integrated system cases (Yes) (No)

If Yes to #3, please specify the Designated Reporting facility name below:

Designated Facility: _____

Date Proposed to begin Reporting as a Network or Integrated System:

ACS Accreditation Categories for reference:

INCP Integrated Network Cancer Program
NCIN NCI-Designated Network Cancer Program
NCIP NCI-Designated Comprehensive Cancer Center Program
ACAD Academic Comprehensive Cancer Program
CCCP Comprehensive Community Cancer Program
CCP Community Cancer Program

**CCR Form to Request Network Reporting Facility Status
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Name, Title and Signature of Representative of Each Network Reporting Facility

Facility Name: _____

Facility Representative Name/Title:

Print Name: _____

Signature: _____ Date: _____

Facility Name: _____

Facility Representative Name/Title:

Print Name: _____

Signature: _____ Date: _____

Facility Name: _____

Facility Representative Name/Title:

Print Name: _____

Signature: _____ Date: _____

Facility Name: _____

Facility Representative Name/Title:

Print Name: _____

Signature: _____ Date: _____

NOTE: IF more than four facilities are included in the network you may copy page 3 as needed to include all facilities OR attach a separate list as necessary to list all facilities, and document Representative Names, Signatures and Dates. Submit all pages together.

**CCR Form to Request Network Reporting Facility Status
(To Submit a Single Abstract for a Reporting Network)**

ADMINISTRATIVE USE ONLY

Regional Registry Representative / Greater Bay Area Cancer Registry

Print Name: _____

Signature: _____ Date: _____

Regional Registry Representative / Cancer Registry of Greater California

Print Name: _____

Signature: _____ Date: _____

Regional Registry Representative / Cancer Surveillance Program L.A.

Print Name: _____

Signature: _____ Date: _____

CCR Representative

Print Name: _____

Signature: _____ Date: _____

Date Updated Approved NRF List Posted to CCR Website: _____

CCR Form to Report Facility Network or Integrated System Disbanding Reporting Facility Network or Integrated System Disbanding (INCP)

The network must notify the CA Regional registry within 30 days if the reporting facility network or INCP disbands. If the reporting facility network or INCP disbands and the reporting facilities become separate reporting entities again, all cases reported as a single abstract within the network remain the responsibility of the facility that reported the case (the first hospital to diagnose the case or the designated reporting facility for the network). Reporting facilities would begin reporting and transmitting cases separately starting from a mutually agreed upon date forward. There shall be no retroactive separation and re-designation of reporting facilities on cases already transmitted to the CCR.

Individual reporting facilities will notify their CA Regional registry of caseload changes resulting from this reporting structure change.

Date Each Reporting Facility Will Begin Reporting Cases Separately After Disbanding:

Name, Title and Signature of Representative of Each Network Reporting Facility

Facility Name: _____

Print Name: _____

Signature: _____ Date: _____

Facility Name: _____

Print Name: _____

Signature: _____ Date: _____

Facility Name: _____

Print Name: _____

Signature: _____ Date: _____

Facility Name: _____

Print Name: _____

Signature: _____ Date: _____

NOTE: IF more than four facilities are included in the Network Disbanding you may copy page 5 as necessary OR attach a separate list in order to list all facilities included in the disbanding and document all Representative Names, Signatures and Dates. Submit all pages together.

CCR Form to Report Facility Network or Integrated System Disbanding

ADMINISTRATIVE USE ONLY

Regional Registry Representative / Greater Bay Area Cancer Registry

Print Name: _____

Signature: _____ Date: _____

Regional Registry Representative / Cancer Registry of Greater California

Print Name: _____

Signature: _____ Date: _____

Regional Registry Representative / Cancer Surveillance Program L.A.

Print Name: _____

Signature: _____ Date: _____

CCR Representative

Print Name: _____

Signature: _____ Date: _____

Date Updated NRF list with Disbanded Network Posted to CCR Website: _____