**I. REQUESTOR INFORMATION**

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: [ ]  Faculty [ ]  Research Staff [ ]  Student

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *\*\*must be a Howard University email*

**II. RESEARCH STUDY INFORMATION**

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timeframe of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Data Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Data Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan of Study:**

**III. DATA REQUESTED**Are you requesting confidential information? 

State the confidential information that you requesting:

**NON-CONFIDENTIAL DATA**

|  |
| --- |
| Patient Demographic Data (Please Check Requested Data) |
|  | Sex |  | Race |  | Number of Live Births |
|  | Tobacco Use |  | Cigarette Pack Years |  | Vital Status |
|  | Number of Primaries |  | Age at Diagnosis |  | Diagnosis Zip |
|  | Cause of Death |  | Diagnosis State |  |  |
|  | Place of Diagnosis |  | Ethnicity |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Case Specific Data (Please Check Requested Data) |
|  | Site Code |  | Date of Diagnosis |  | Family History of this Cancer |
|  | Menopausal Status |  | Class of Case |  | Primary Payer |
|  | Class of Case |  | ICD-0 version |  | Topography |
|  | Histology |  | Tumor Grade |  | Tumor Marker 1 |
|  | Tumor Marker 1 |  | Laterality |  | Diagnostic Confirmation Code |
|  | Tumor Size |  | Regional Nodes Positive |  | Regional Nodes Examined |
|  | Sites of Metastases |  | Summary Stage |  | TNM Best Stage |
|  |  |  |  |  |  |
| Other Primaries |
|  | Case Sequence Number |  |   |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Therapy Data |
|  | Treatment Composite—First Course |  | Treatment Composite--All |  |  |
|  |  |  |  |  |  |
| Follow-Up Information |
|  | Recurrence (Date/Type) |  | Vital Status |  | Cancer Status (active vs non) |
|  | Date of Last Contact |  |  |  |  |
|  |  |  |  |  |  |

**CONFIDENTIAL DATA**

|  |
| --- |
| Please add confidential data fields requested: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Cancer Registry Manager

**VI. Other Approved Available Data Fields**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Cancer Registry Manager

**V. Assurance**

[ ]  I assure that the information obtained will be utilized in accordance with the plan of study and all confidential information will be protected.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Principal Investigator Date

**VI. DATA AVAILABILITY AND APPROVAL (To be completed and determined by RWCR Manager)**

 [ ]  The data requested is available and can be approved for consideration.

 [ ]  The data requested is not available and not within the scope of the Cancer Registry.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Cancer Registry Manager Date