

**The University of Kansas Medical Center
Kansas Cancer Registry**

Data Request Form

Name: _____ Organization: _____
Address: _____
Phone Number: _____ Fax Number: _____ E-mail: _____

Please complete the following questions to request data from the Kansas Cancer Registry:

1. Describe the project for which the data is requested: _____

2. What is the purpose of the project or study? _____

3. Describe the data elements needed, such as cancer type (site and histology), geographic location and dates of interest: _____

4. Has the project or study been approved by an Institutional Review Board? Yes No N/A
5. a) Describe the data security procedures you or your organization will follow and who has responsibility for security of the data: _____

- b) Who will have access to the data? _____
6. a) Describe the proposed use and/or release of the data: _____

- b) If the data are to be released, how? _____

7. Format needed: _____ Hard copy _____ other (explain): _____

Please sign the statement below regarding confidentiality of data:

I undersign that the data provided by the Kansas Cancer Registry will not be released or provided to other data users in a manner that will identify individuals except under special conditions for approved research. I also understand that breach of the confidentiality agreement in K.A.R. 28-67-4 will result in immediate termination of future data provisions and is a Class C misdemeanor punishable by law.

Requester _____ Date _____ Department Head _____ Date _____

KCR use only:

Date request received: _____ Request approved/denied by KCR: _____
(Date) (Staff Initials) (Date) (Initials)

Data assigned to analyst: _____ Data request fulfilled: _____
(Date) (Analyst Initials) (Date) (Initials)

Fee Charged: _____ Check one: ___ data provided as requested ___ Modifications of request – Explain
