| Request for Summary DataVirginia cANCER rEGISTRY 109 Governor Street 10TH Floor  Richmond, Virginia 23219  804 864 7699  804 867 7870 (fax)  Shuhui.wang@vdh.virginia.gov; taylor.guidry@vdh.virginia.gov | | | |
| --- | --- | --- | --- |
| Name | | | Date: |
| **Position and Affiliation**: | | | |
| **Address:** | | | |
| **City:** | **State:** | **ZIP Code:** | |
| **Telephone:** | **Email address:** | | |
| **Fax:** | **FTP Address (if available)** | | |
| Request Information | | | |
| **Statistics Requested-----Please choose any choices from below: incidence counts, incidence rates (per 100,000), mortality counts, mortality rates (per 100,000)**  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | | |
| **Stratification: Please choose your stat stratified with the following variables: location (city/county, health district, VA state); sex (male or female); race (black or white); stage (local, regional, distance. In situ is allowed for some cancer sites). No voting district, zip code, census tract, etc, please.**  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | **Sites of Interest-----please choose your interested cancer site(s) from the following: Oral, Esophagus, Stomach, Colorectal, Liver, Pancreas, Lung, Melanoma, Breast, Cervix, Uterus, Ovary, Prostate, Bladder, Kidney, Brain and CNS, Thyroid, Hodgkin Lymphoma, Non-Hodgkin Lymphoma, Myeloma, Leukemia, All Sites(all combined). If you request data by histology or ICD-O3 codes, please be specific about the codes.**  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | |
| **Years of Interest---- Please indicate if single year (e.g. 2010, 2011, etc.) or aggregated (e.g. 2010-2014 combined)**  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | **Date requested to have information (please allow 10 business days to process the request and extract and run the data table for you)**  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | |
| **Purpose of Request:** | | | |
| Note: According to data suppression rule, if counts<11 counts will be suppressed and rates will be suppressed if counts<16. So be cautious if you request too much stratification, the counts will be very small and will be suppressed. | | | |

All requests are subject to approval by the Division of Policy and Evaluation and may under certain circumstances require approval from the Institutional Review Board of the Virginia Department of Health. All requests are handled on a “first come, first served” basis as time and staffing permit. Resulting data will be transmitted in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA). Data analysis is limited to the accuracy of the data submitted to the Virginia Cancer Registry.