

Request for Non-Identifiable Data

Alaska Cancer Registry • 3601 C St., Suite 250 • Anchorage, AK 99503

Phone • 907-269-0995 Fax • 907-561-1896

Website: <http://dhss.alaska.gov/dph/VitalStats/Pages/cancer/registry.aspx>

Please review the existing incidence & mortality data on the ACR website before requesting data.
 If the data you require is not available, please fill out this form and mail it to the address listed above.

| | | |
|--|--------------|-------------------------|
| Name | | Title |
| From (agency, facility, general public, etc.) | | |
| Address | | |
| City | State | Zip Code |
| Telephone | Fax | E-mail |
| Date of Request | | Date Data Needed |

Purpose of Request

| |
|---|
| Describe the purpose of this request: |
| Describe how the data are planned to be used and/or presented: |
| Who will have access to this data? |

Data Requested

| Cancer Information | Patient Information |
|---|--|
| Site(s) of Cancer: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both |
| Diagnosis Years: | Age: <input type="checkbox"/> All Ages <input type="checkbox"/> Age Group(s) |
| Geographic Area by Borough/Census Area <input type="checkbox"/> All <input type="checkbox"/> Other: | Race/Ethnicity: <input type="checkbox"/> All Races <input type="checkbox"/> Specific Race(s) |
| Data request format needed: <input type="checkbox"/> Electronic (<input type="checkbox"/> PDF <input type="checkbox"/> Excel <input type="checkbox"/> Other:) <input type="checkbox"/> Hard Copy <input type="checkbox"/> Other: | |
| Other information that would help in responding to your request: | |

Please sign the statement below regarding confidentiality of data:

I agree that the data provided by the Alaska Cancer Registry (ACR) will only be used for the purpose described in this data request and will not be released or provided to any other individual or agency without the permission of ACR. If the data are to be used in any publication, I will allow ACR a pre-publication review of conclusions to ensure correct interpretation of the contents of the database. If disagreement exists, the recipient will allow ACR the opportunity to include comment within the published document. Please acknowledge ACR as the source of data in any publications, articles, or studies that are prepared or published utilizing the data provided.

_____ Data Requestor

_____ Date

| | | | |
|------------------------|----------------|---|----------------|
| Date Received | Staff Initials | Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Staff Initials |
| Date Request Fulfilled | | Any modifications to original request | |