

**SOUTH CAROLINA CENTRAL CANCER REGISTRY
RESEARCH DATA REQUEST APPLICATION**

PRINCIPAL INVESTIGATOR:
AGENCY AFFILIATION (include address):

Current Date:

PHONE:

FAX:

EMAIL:

Co-INVESTIGATOR:

PHONE:

FAX:

AGENCY AFFILIATION:

EMAIL:

Co-INVESTIGATOR:

PHONE:

FAX:

AGENCY AFFILIATION:

EMAIL:

Co-INVESTIGATOR:

PHONE:

FAX:

AGENCY AFFILIATION:

EMAIL:

TITLE OF PROJECT:

PROJECT PERIOD: from to (mm/dd/yyyy)

TIME PERIOD OF REQUESTED DATA (mm/dd/yyyy) thru (mm/dd/yyyy)

Currently available registry data include 1/1/1996-12/31/2006

SPONSORING AGENCY:

SPONSORING AGENCY ASSIGNMENT NUMBER (if known):

Are you a student?

Yes

No

If yes, is this project for:

___ Thesis

___ Dissertation

___ Other

IS THIS PROJECT CURRENTLY FUNDED?

Yes

No

**A COPY OF INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL IS REQUIRED FOR
APPLICATIONS REQUESTING CONFIDENTIAL DATA ITEMS**

*(APPLICATIONS TO THE SC CENTRAL CANCER REGISTRY WILL NOT BE REVIEWED UNTIL APPROVAL THROUGH
THE APPROPRIATE IRB IS OBTAINED)*

HAS THIS PROJECT BEEN APPROVED BY AN IRB FOR HUMAN SUBJECTS?

YES

PENDING

IF YES, WHAT IRB?

WHEN?

(mm/dd/yyyy)

IF YES, WHAT TYPE OF APPROVAL?

EXEMPT

EXPEDITED

OTHER: _____

IF PENDING, PLEASE DESCRIBE:

IF RENEWAL IRB, LIST EACH BY IRB NUMBER AND RENEWAL DATES (mm/dd/yyyy -

mm/dd/yyyy) .

Please Answer the Following Questions

1. Will the requested SCCCR data require linkage to another dataset? (If no, proceed to question 3)

Yes No

2. If you answered yes to question 1:

A) What dataset(s) will the SCCCR data be linked to?

B) Describe the purpose of data linkage:

C) Who will perform the data linkage?

SCCCR
 Research institution
 Other: _____

If the SCCCR will perform the linkage, approximately how many cases will be submitted for linking? _____

D) Describe the method to be used for linking:

Computer automated: Probabilistic Match
 Computer automated: Deterministic Match
 Manual data lookup

E) What Restricted/Confidential SCCCR data elements will be used for the linkage?

RESTRICTED/CONFIDENTIAL

Patient First Name
 Patient Middle Name
 Patient Last Name
 Patient Address
 Patient Social Security Number
 Patient Date of Birth
 Patient Date of Death
 List Others

3. What data elements will the researcher like to receive from the SCCCR? This can include data elements included with the linkage file. (CHECK ALL THAT APPLY)

UNRESTRICTED

1. Patient Age at Diagnosis in years (in days if <1 year)

2. ___ Patient Sex
3. ___ Patient Race/Ethnicity
4. ___ Patient County of Residence
5. ___ Patient Marital Status
6. ___ Accession Year/Diagnosis Year
7. ___ Class of Case (Designed for hospital-based registry reports. Divides hospital cases into two categories: analytic or non-analytic. May not be useful without healthcare facility ID)
8. ___ Tumor Sequence Number
9. ___ Primary Site of Tumor and Laterality
10. ___ Tumor Characteristics (morphology type, behavior, grade)
11. ___ Stage of Diagnosis
12. ___ Vital Status
13. ___ Patient Year of Death

Please list others:

RESTRICTED/CONFIDENTIAL

14. ___ Patient Name
15. ___ Patient Address
16. ___ Patient Social Security Number
17. ___ Patient Birth Date
18. ___ Patient Medical Record Number
19. ___ Patient Cancer Registry Accession Number (facility assigned)
20. ___ SCCCR Unique Patient Number (SCCCR assigned)
21. ___ Research Study ID
22. ___ Patient Zip-code
23. ___ Census Tract or Block
24. ___ Patient Healthcare Provider ID: attending physician, surgeon, following physician
25. ___ Healthcare Facility ID
26. ___ Patient Date of Death
27. ___ Aggregate data (other than "<5" for 1-4 or "10" for 5-9)
28. ___ Month of diagnosis (for survival analysis only)

Please list others:

4. If you are requesting any restricted data element, justify this request by providing why you cannot conduct your investigation without these data.
5. How many subjects (total) involved in the study?
6. Age range:
7. From what geographic region of South Carolina will the cancer cases come from?

8. What specific type(s) of cancer are included in your study?

9. Will you contact patients in any way? Yes No

A) If Yes, How will patients be contacted?

PROJECT SUMMARY

Summary for scientific merit (use additional pages if required). *Statements such as "see protocol" are not acceptable.* Describe specific procedures or methods to be used addressing the identified research questions. Provide evidence that this research is needed to advance knowledge (justification).

10. List study question(s):

11. How will this study question(s)/hypothesis(es) be addressed in this study?

12. Describe the study design:

13. Describe the protocol for data collection:

14. Describe the planned statistical analysis. Include a brief description of how variables will be defined, what the independent and dependent variable will be, and what specific tests will be used.

15. Describe the significance of the planned research. How does this work add to the existing literature?

