



DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION

District of Columbia Cancer Registry - Data Request and Utilization Agreement					
Date of Request _____					
Requester Information: Name _____			Title _____		
Affiliation _____			Email _____		
Address _____			Telephone _____		
_____			Cellphone _____		
Purpose of Request: _____					
Date Items Requested:					
Site(s) Cancer _____			Year(s) of Diagnosis _____		
Check <input checked="" type="checkbox"/> all data items requested					
Sex		SEER Summary Stage		Treatment	
Race		AJCC TNM Stage		Other:	
Age		Histology Type		Other:	
Ward		Grade		Other:	

I agree to the following terms of request and use of DC Cancer Registry (DCCR) data:

- ✓ Not to release, or allow to be released, any information received from the District of Columbia Cancer Registry to any individual without the prior written consent of DCCR.
- ✓ No information obtained from the D. C. Cancer Registry in the course of research or project activities may be used for any purpose other than the purpose for which it was supplied.
- ✓ Data will not be used to attempt to identify individuals, conduct linkage to other data sets, follow-back or direct contact, and that the data will be used only for the purposes described in this agreement.

Any publication or report produced from the use of the data will be in accordance with the terms of this application and will include the following statement:

- ✓ All data and copies of the data will be destroyed at the conclusion of the study. An assurance statement that the data has been destroyed, the date of data destruction, and the method(s) used to destroy the data will be issued to the Program Director at the D. C. Cancer Registry **within 60 days**.
- ✓ When individuals have made a substantial contribution to the conduct of the study, writing or revising of the manuscript, they shall be listed as authors.
- ✓ A copy of any publication(s), abstract(s), and PowerPoint or poster presentation emanating from the use of the data will be sent to the Program Director at the D. C. Cancer Registry, D. C. Department of Health, for review and approval **prior to submission**.
- ✓ If you are using DCCR data in a research manuscript that will be published, please notify us the status of your publication.

“The information contained in this publication or report was provided by the District of Columbia Cancer Registry, District of Columbia Department of Health, program funded by NPCR - CDC”.

Disclaimer: The District of Columbia Cancer Registry is not responsible for data that is misrepresented or altered, and does not assume any liability or responsibility from the conclusions generated from the data. No warranties are implied regarding the method that serves to approve publications. The research results do not represent the views of the Department of Health or DC Cancer Registry.

I understand that violations of the terms of this agreement will automatically result in voiding this agreement and loss of access to District of Columbia Cancer Registry data, and could lead to legal prosecution under the provisions of applicable DC statutes and federal laws.

Enquiries and applications should be directed to:

Alicia Vargas
DC Cancer Registry
Cancer & Chronic Disease Bureau
Community Health Administration
DC Department of Health
899 N. Capitol St., NE, 3rd floor, Washington, DC 20002
Phone 202-724-7703 Fax 202-442-
alicia.vargas@dc.gov

Requester signature:

Signature _____
Date _____

University representative signature (for student):

Signature _____
Date _____