

## **APPLICATION TO ACCESS KCR DATA**

This form must be completed and submitted with each proposal to use data from the Kentucky Cancer Registry. This is to assure that appropriate procedures are implemented for the use of KCR data.

<p>Type of Proposal Submitted:</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Amended</p>
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The Kentucky Cancer Registry recognizes four categories/levels of security with regard to its release of data for cancer surveillance and research purposes.

- I. Reports of aggregate data stratified by non-confidential data fields (i.e. case counts by race, sex, county, etc.).
- II. Files contain individual, record-level data with no personal identifiers. The file will not contain name, street address, phone number, social security number, date of birth, any reporting facility or physicians involved in the patient's care. The file may contain zip code and county of residence.
- III. Files contain individual, record-level data with personal identifiers, to be used for purposes of record linkage, but not direct patient contact. Once the record linkage is complete, the personal identifiers will be removed from the data set.
- IV. Files contain individual, record-level data with personal identifiers, to be used for research purposes involving direct patient or family contact.

Please choose the category/level that best fits your research request.

- Level I
- Level II
- Level III
- Level IV

(For office use only) KCR Data Request Number: \_\_\_\_\_

## LEVEL I CHECKLIST

These are reports of aggregate data stratified by non-confidential data fields (i.e. case counts by race, sex, county, etc).

In order to release a Level I data set from the Kentucky Cancer Registry, there are two items that must be included in order for the request to be considered.

- 1. Completed Level I Application Form**
- 2. Signed Assurance Form.**

\*As part of the application, the Kentucky Cancer Registry requests a brief description of the research project as well as a brief description of the Principal Investigator's credentials, education and research interests to be included in the Kentucky Cancer Registry's Annual Report. By signing the application, you are giving the Kentucky Cancer Registry permission to use this information in the report. The Registry does reserve the right to edit the submitted descriptions for formatting purposes.

Please enclose the requested documents and mail, fax, or email to:

*Kentucky Cancer Registry  
Jaclyn Nee, MPH\*\*  
Epidemiologist  
2365 Harrodsburg Road, Suite A230  
Lexington, KY 40504-3381*

*FAX: 859.219.0557*

*Email: [jnee@kcr.uky.edu](mailto:jnee@kcr.uky.edu)*

*\*\*Contact Jaclyn Nee at 859.219.0773, ext. 243 with any questions regarding the application process.*

(For office use only) KCR Data Request Number: \_\_\_\_\_

**APPLICATION FORM FOR LEVEL I DATA**

**I. ORGANIZATION OR INDIVIDUAL REQUESTING ACCESS**

A. Date of Request: \_\_\_\_\_

B. Name of Person Requesting Data: \_\_\_\_\_

C. Title, Degree and Rank: \_\_\_\_\_

D. Organization: \_\_\_\_\_

E. Address: \_\_\_\_\_

F. City, State, Zip Code: \_\_\_\_\_

G. Telephone number: \_\_\_\_\_

H. E-mail Address: \_\_\_\_\_

I. Fax number: \_\_\_\_\_

J. Other Person who should be contacted if more information is needed:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

K. Date data are needed: \_\_\_\_\_

(For office use only) KCR Data Request Number: \_\_\_\_\_

## **II. THE RESEARCH PROJECT**

A. Type of cancer(s) or issue being studied:

B. List specific data items and year(s) of data requested.

C. Provide the purpose and intent of requested data. *(This description will be included in the KCR Annual Report)*

D. Provide a brief description of the Principal Investigator (i.e. credentials, education, research interests, etc.). *(This description will be included in the KCR Annual Report).*

(For office use only) KCR Data Request Number: \_\_\_\_\_

### III. ASSURANCES

If data from the Kentucky Cancer Registry are used in any publication (or presentation), the following statement must be included:

**Data used in this publication (or presentation) were provided by the Kentucky Cancer Registry, Lexington, KY.**

*A copy of any publication or presentation outline using data from the Kentucky Cancer Registry should be mailed to the Registry at:*

*Kentucky Cancer Registry  
Jaclyn Nee, MPH\*  
Epidemiologist  
2365 Harrodsburg Road, Suite A230  
Lexington, KY 40504-3381*

Name of Person Requesting Data: \_\_\_\_\_

Signature of Person Requesting Data: \_\_\_\_\_

(For office use only) KCR Data Request Number: \_\_\_\_\_

**IV. KENTUCKY CANCER REGISTRY RESPONSE**

A. Date Request made: \_\_\_\_\_

B. Date Request filled: \_\_\_\_\_

C. Data provided from KCR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

D. Keywords: \_\_\_\_\_

E. Name of KCR staff authorizing request: \_\_\_\_\_

F. Signature of KCR staff authorizing request: \_\_\_\_\_