



DATA TRANSMITTAL FORM

FACILITY INFORMATION

Name:	NPI:
Contact Person:	Phone Number:
E-Mail:	Date Uploaded/Faxed/Mailed:

Facilities with no cases for a given month need to send a letter to the NCCR stating that there were no cases to report.

DATA INFORMATION

Electronic reporting is required unless the requirement is waived by the Chief Medical Officer

Submission in Non-NAACCR format <input type="checkbox"/> Paper <input type="checkbox"/> Excel (must be 97-2003 version) <input type="checkbox"/> Text <input type="checkbox"/> Disease Index <input type="checkbox"/> Other	File Name assigned by Web Plus (.bun): Year: Number of cases:
Submission NAACCR format	File Name: File Name assigned by Web Plus (.bun): Year: Number of cases:

COMMENTS