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## FACILITY DEMOGRAPHIC FORM

If any information should change once you completed this form, please provide the NCCR with updated information

FACILITY INFORMATION								
If your facility has multiple locations, please complete a form for each location.								
Reporting Organization Name:				NPI:				
Address:		Cit	City:		State:	Zip:		
Phone:		Fax:			Date Form Completed:			
Administrator/Director Name:	Title:			Email:	Email:			
EHR Software Used:		Vendor Contact Name:			Vendor Pl	ndor Phone:		
Please attach a list of physicians affiliated with your facility including their NPI and specialty information.								
Estimated annual number of cancer incidence cases:								
If you are affiliated with a hospital, does the hospital cancer registry report cancer incidence cases for this location?   Yes  No  If yes, list Hospital Name(s):								
Please note that any cancer incidence case not reported by the hospital must be submitted to the registry by your facility								
PRIMARY CONTACT FOR REPORTING TO THE NCCR  Name: Title:								
Phone:	Fax:			Email:				
REPORTING OPTIONS								
Please contact the NCCR for any questions in this section								
Option 1: ☐ Electronic Reporting	File submission format:  NAACCR  HL7  Excel  Text Other:							
Option 2:  Direct abstracting in Web Plus	Web Plus is a web-based application that collects cancer data securely over the public Internet. The online abstracting capability of Web Plus is ideal for reporting from physicians' offices with low-volume of cancer cases							
Option 3:  Paper submission	Hard copy submission of the NCCR cancer incidence reporting form via, mail, fax, or secure file upload							
Once you select your reporting option the NCCR will provide additional resource materials to start reporting								
NCCR OFFICE ONLY								
Facility ID:			Dis	Display Type:				
Date Received:			Date additional resources provided:					