NEVADA CENTRAL CANCER REGISTRY

4126 Technology Way, Suite 200, Carson City, NV, 89706 Phone: 775-684-5968 Fax: 775-684-5999

## 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: |  | City: | State: | Zip: |
| Phone: | Fax: |  | Date Form Completed: |  |
| Administrator/Director Name: |  | Title: |  |  |
| EHR Software Used: | Vendor Contact Name: |  | Vendor 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? $\square$ <br> If yes, list Hospital Name(s): $\qquad$ <br> 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: $\square$ <br> Electronic Reporting | File submission format:NAACCR HL7 $\square$ Excel Text Other: $\qquad$ |  |  |
| Option 2: <br> 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: $\square$ <br> 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: | Display Type: |
| :--- | :--- |
| Date Received: | Date additional resources provided: |

