



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

## HOSPITAL DEMOGRAPHIC FORM

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

### HOSPITAL INFORMATION

Reporting Organization Name:		NPI:	
Address:	City:	State:	Zip:
Phone:	Fax:	Date Form Completed:	
Administrator/CEO Name:	Title:	Email:	
Name of Laboratory(ies) Used:			

*Please attach a list of physicians affiliated with your hospital including their NPI and specialty information*

Does your hospital have a cancer registry? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your hospital accredited by the Commission of Cancer (CoC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Last Accreditation:	Registry Reference Date:	Number of Staff:	Estimated annual number of cases:

In addition to your hospital, do you report cancer cases for any external hospital affiliated healthcare providers such as diagnostic centers, surgery centers, physician groups, etc.?  Yes  No

If yes, please attach a list of the healthcare providers with their NPI, specialty, and address information.

### PRIMARY CONTACT FOR REPORTING TO THE NCCR

Name:		Title:	
CTR: <input type="checkbox"/> Yes <input type="checkbox"/> No		NV Registrars Association Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	Registry Software Used:

### PRIMARY CONTACT SUPERVISOR INFORMATION

Name:		Title:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

### IF YOUR HOSPITAL EMPLOYS A CONTRACT AGENCY TO REPORT TO THE NCCR COMPLETE INFORMATION BELOW

Agency Name:		Contact Name:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	



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**REPORTING OPTIONS**

Please contact the NCCR for any questions in this section

<b>Option 1:</b> <input type="checkbox"/> Electronic Reporting	File submission format: <input type="checkbox"/> NAACCR <input type="checkbox"/> HL7 <input type="checkbox"/> Excel <input type="checkbox"/> Text <input type="checkbox"/> Other: _____
<b>Option 2:</b> <input type="checkbox"/> 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
<b>Option 3:</b> <input type="checkbox"/> 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**

<b>Facility ID:</b>	<b>Display Type:</b>
<b>Date Received:</b>	<b>Date additional resources provided:</b>