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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-00983 (06/2022) | **STATE OF WISCONSIN**  Office of Health Informatics  Page 1 of 2 |
| **AGGREGATE DATA REQUEST**  **WISCONSIN CANCER REPORTING SYSTEM (WCRS)** | |

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| Wisconsin Cancer Reporting System (WCRS)  1 West Wilson, Room 118  Madison, WI 53703 | | | | |
| Name of Person Making Request | | | | Title |
| Name of Organization | | | | |
| Street Address | | | | City/State/Zip Code |
| Phone Number | | Fax Number | | Requestor’s Email Address |
| Purpose for which data are requested (please be specific and use additional sheets if needed) | | | | |
| Project/Grant/Title | | | | |
| Reason/purpose of data request | | | | |
| Description of data requested | | | | |
| Is there a deadline for receipt of data?  Yes  No If Yes, please provide **date** and **reason**: | | | | |
| Preferred data table format  Excel spreadsheet  SEER\*Stat table  Other, specify: | | | | |
| 1. Specify cancer site(s) | | | | |
| 2. Which cancer data?  Incidence  Mortality | | | 3. Case Counts?  Yes  No | |
| 4. Statistics requested | | | | |
| Frequencies: | | | |
| Age-adjusted rates (standard): | | | |
| Crude rates: | | | |
| Age-specific rates: | | | |
| Confidence intervals: | | | |
| If yes, which age groups? | | | |
| Other, specify: | | | |
| 5. Time frame (year of diagnosis – year of death)        thru | | | | |
| 6. Sex of cases/deaths  Females  Males  Both | | | | |
| 7. Race  All races  White  Black  Other – Specify: | | | Ethnicity  Hispanic  Non-Hispanic | |
| 8. Geographic region/breakdown (county, region, state) - Specify selections | | | | |
| 9. Other requested variables | | | | |
| 10. Other comments of instructions | | | | |

The Wisconsin Cancer Reporting System will be acknowledged using the suggested references in any publications and/or presentations based on the data provided. Source: Wisconsin Cancer Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

**WCRS Aggregate Data Use Agreement**

1. I will not allow others to, nor will I myself, match this data set to other patient-level data sets, health care facility and/or professional level characteristics or use these data to identify any health care facility, health care professional or patient without prior Wisconsin Cancer Reporting System approval.
2. The Wisconsin Cancer Reporting System does not warrant the accuracy of any information in the records that will be provided and shall not be held liable for any inaccuracies in such records or any damages from the use thereof.
3. I understand that a copy of the final analysis or research findings generated using these data should be provided to the Wisconsin Cancer Reporting System before publication.

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|  | **SIGNATURE** – Requestor |  | Date Signed |  |
|  |  |  |  |  |
| Please return completed form to: | | | | |
|  | Attn: Hayley Tymeson, Epidemiologist  Wisconsin Cancer Reporting System  [DHSWCRSDataRequests@dhs.wisconsin.gov](mailto:DHSWCRSDataRequests@dhs.wisconsin.gov) | | | |