

## Data Request Form

(North Dakota Statewide Cancer Registry (NDSCR))

If you want to request a Type I data (data that is aggregated, stratified by non-confidential data fields, i.e. case counts by race, sex, county, etc.), then please provide the following:

- A completed [Data Request Form](#) to be sent to the NDSCR epidemiologist at [cristina.oancea@med.und.edu](mailto:cristina.oancea@med.und.edu);
- The Epidemiologist will work with you to provide a final answer to your request within 2-3 weeks from the initial date of request submission.

If you want to request a Type II data (dataset for record linkage, or contains individual, record-level information with or without personal identifies, i.e. name, street address, phone number, social security number, date of birth, any reporting facility or physicians involved in the patient's care), then please provide the following:

- A completed [Data Request Form](#) to be sent to the NDSCR epidemiologist at [cristina.oancea@med.und.edu](mailto:cristina.oancea@med.und.edu);
- The epidemiologist will then inform you regarding the type of information to include in the submission package (usually, a completed [NDDoH IRB Request Form](#) and IRB approval from your institution);
- After receiving the required documentation from you, the NDSCR epidemiologist will forward the request package to Susan Mormann and Dirk Wilke at the North Dakota Department of Health (ND DoH);
- Once ND DoH IRB approval is received, the ND DoH HIPAA Privacy Office will send you a [Data Use Agreement](#);
- Once all required approvals are received, the NDSCR epidemiologist will notify you, and work with you to provide the requested data.

**\*Date of First Contact:** \_\_\_\_\_

**\*Deadline needed by:** \_\_\_\_\_

## 1. Requester Information:

*Name:	*Organization Name:
Title:	*Organization Address:
*Phone:	
*Email:	
If Student – Project Advisor’s Name:	
Advisor’s Contact Info:	

## 2. Project Information:

a. Type of cancer(s) or issue being studied:

b. List specific data items to be requested and year(s) range:

c. Brief description of the project (Background /Study Question/ Methods):

d. Date by which data are needed:

e. Intention for publication (Yes/No):

### **3. Authorship List and Acknowledgment:**

If data analysis results provided by NDSCR are going to be used in any publication (or presentation), the list of authors should also include the following: Mary Ann Sens, Yun Zeng, S. Cristina Oancea, Xudong Zhou.

If NDSCR data only is to be used in any publication (or presentation), the list of authors should also include the following: Mary Ann Sens, Yun Zeng, Xudong Zhou.

The following acknowledgment should also be included in the publication/presentation:

Data used in this publication (or presentation) were provided by  
the North Dakota Statewide Cancer Registry, Grand Forks, ND.

**A copy of any publication or presentation using NDSCR data and/or data analysis results should be mailed before publication submission/presentation to the NDSCR at:**

North Dakota Statewide Cancer Registry

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School of Medicine and Health Sciences

Pathology Department

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