

## 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 [crisrina.oancea@med.und.edu](mailto:crisrina.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 [crisrina.oancea@med.und.edu](mailto:crisrina.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 Tracy Miller at the North Dakota Department of Health (ND DoH) HIPAA Privacy Office;
- 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. **Assurances:**

If NDSCR data is to be used in any publication (or presentation), the following statement must 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 should be mailed prior to publication submission/presentation to the NDSCR at:

North Dakota Statewide Cancer Registry  
University of North Dakota  
School of Medicine and Health Sciences  
Pathology Department  
1301 N Columbia Road PO Box 9037  
Grand Forks ND 58203-9037  
Telephone: (701) 777 0791 (2868)  
Fax: (701) 777 3108