

Missouri Cancer Registry Hospital-Facility Update Form

1095 Hospital Drive-PS7
Columbia MO 65211
Fax: (573) 884 9655
Toll free: (800) 392 2829
Website: [https://
cancerregistry.missouri.edu/](https://cancerregistry.missouri.edu/)

Entered by: _____	<input type="checkbox"/> Web Plus
Date: _____	<input type="checkbox"/> Tracking
	<input type="checkbox"/> Suspense
	<input type="checkbox"/> CRS Plus

For MCR Use Only

Date updated: _____

Please print or type all information below

ADMINISTRATIVE FACILITY INFORMATION

Facility Name:		Address (Street or PO Box):	
City, State, Zip code:			
Facility Number (FIN):		NPI Number:	Main Phone:
Administrator (with title & credentials):			
Supervisor (with title & credentials):		Department:	Phone:
Main contact (please include title):		Department:	Phone:
Email:		Fax:	
Alternate contact (please include title and department):		Phone:	Alternate contact email:

FACILITY-SPECIFIC INFORMATION

FOR PATH LABS ONLY

<p>Bed size: _____</p> <p>Reporting Mechanism:</p> <p><input type="checkbox"/> Computerized (indicate software) _____</p> <p><input type="checkbox"/> Low-volume (less than 50 cases annually)</p> <p>Reporting Status:</p> <p><input type="checkbox"/> Incidence</p> <p><input type="checkbox"/> Survival</p> <p>ACoS Accredited:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Registry Reference Year: _____</p> <p>Estimated number of cancer cases reported annually: _____</p>	<p>Data submitted:</p> <p><input type="checkbox"/> Registry abstract</p> <p><input type="checkbox"/> Copies from medical record</p> <p>Data Transmission Method:</p> <p><input type="checkbox"/> Fax <input type="checkbox"/> FTP</p> <p><input type="checkbox"/> Web Plus upload</p> <p><input type="checkbox"/> Other _____</p> <p>Do you report cases for another facility?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name(s) of facilities*:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><small>*Please fill out a separate form for each facility.</small></p>	<p>How does your Information System retrieve diagnostic information?</p> <p><input type="checkbox"/> ICD-10 <input type="checkbox"/> SNOMED</p> <p><input type="checkbox"/> CPT <input type="checkbox"/> Free Text</p> <p><input type="checkbox"/> Other _____</p> <p>What software program/vendor do you use?</p> <p>_____</p> <p>What format is available for exported data:</p> <p><input type="checkbox"/> .txt file <input type="checkbox"/> .xls file</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Please indicate here if your facility does not process anatomic, cytology, bone marrow or autopsy specimen types.</p>
---	--	--