



1. Hospital Name: _____
2. OCISS Reporting Source ID: _____
3. Address (street, city, zip): _____
4. Primary Contact for Cancer Reporting: _____
5. E-mail for Primary Contact: _____
6. Phone Number for Primary Contact: (_____) _____
7. Does this hospital report cancer cases diagnosed and/or treated at this hospital or is reporting done by another hospital or contracted out?

_____ YES, reporting is done by this hospital
_____ NO, reporting is done by another hospital or contracted out
If NO, what is the name of the hospital or contractor? _____
8. Does this hospital report cancer cases for any other facilities such as other hospitals, ambulatory clinics, or physicians?

_____ NO
_____ YES
If YES, for which other hospitals, clinics, or physicians do you report? _____
9. Will your hospital be purchasing the AJCC Cancer Staging Manual, 8th Edition for all of your cancer reporting staff?

_____ NO
_____ YES
If NO, would you like to receive a copy from OCISS?
_____ YES
_____ NO
10. Please list who is reporting cancer cases for this hospital (even if reporting is done by another hospital or contracted out) and should have Web Plus access:
 - a) Name (first, middle initial, last) _____
Email _____
Phone (_____) _____
 - b) Name (first, middle initial, last) _____
Email _____
Phone (_____) _____
 - c) Others? _____

Please return by e-mail to OCISS@odh.ohio.gov or Fax to (614) 644-8028.

Thank you!