Maine Cancer Registry
Application Checklist for Identifiable Data

The following information must be submitted prior to the review of individual patient identifying information requests by the Cancer Registry Subcommittee of the Cancer Prevention and Control Advisory Committee Investigator

- ☐ Protocol
  - ☐ Title
  - ☐ Principle Investigator
    - ☐ Name
    - ☐ Institution
    - ☐ Address, phone, fax, e-mail
  - ☐ Funding Source
  - ☐ Study design
    - ☐ Research question
    - ☐ Description of study design
    - ☐ Description of study operational plan
    - ☐ Date of study implementation
    - ☐ Duration of study period
    - ☐ Sample size
    - ☐ Analysis plan
    - ☐ Confidentiality protections
    - ☐ Consent procedure
    - ☐ Risk and benefits to study participants
  - ☐ Data requested
    - ☐ Sites of interest
    - ☐ Sample size
    - ☐ Geographic region
    - ☐ Age(s) at diagnosis
    - ☐ Year(s) at diagnosis
    - ☐ Other selection criteria
- ☐ IRB approval study (by an IRB formed in accordance with the provisions of U.S. Department of Health and Human Services Code of Federal regulations or Protection of Human Subjects (45 CRF 46, revised March 8, 1983).
- ☐ Signed statement of confidentiality
- ☐ Cover letter