# Childhood Cancer Registry

**Quality Evaluation** – Data request form for evaluation of diagnosis, treatment quality and/or quality of care (CRA, Art. 27)

|  |
| --- |
| **1.0 Requester** |
| 1.0.1 | Name | Click or tap here to enter text. |
| 1.0.2 | Institution/Department | Click or tap here to enter text. |
| 1.0.3 | Address | Click or tap here to enter text. |
| 1.0.4 | Phone | Click or tap here to enter text. |
| 1.0.5 | Email | Click or tap here to enter text. |
| **1.1 Billing Address/Administrative** |
| 1.2.1 | Administrative Name | Click or tap here to enter text. |
| 1.2.2 | Institution/Department | Click or tap here to enter text. |
| 1.2.3 | Address | Click or tap here to enter text. |
| 1.2.4 | Phone | Click or tap here to enter text. |
| 1.2.5 | Email | Click or tap here to enter text. |
| **2.0 Request Information** |
| 2.0.1 | Request Purpose  | Purpose:[ ]  Clinical context *(e.g. decision support, feasibility…)*[ ]  Quality assurance *(e.g. diagnosis, treatment quality)*[ ]  Controlling, Reporting *(e.g. for certification…)*[ ]  Other: Click or tap here to enter text. |
| 2.0.2 | Request background*(300 words)*  | Click or tap here to enter text. |
| **2.1 Data specification** |
| 2.1.1 | Incidence years to be included | *< e.g. year of diagnosis between 1990 – 1999 (10 years) >* |
| 2.1.2 | Age groups (age at Diagnosis) to be included | *< e.g. age at Dx < 15 years >* |
| 2.1.3 | Diagnoses to be included | *<if you search for specific diagnoses, best is to give ICCC-3 Main Groups, ICD-O-3 Morphology and Topography codes or text>* |
| 2.1.4 | Exclusion criteria | Click or tap here to enter text. |
| 2.1.5 | Please describe exactly what information is needed | *< e.g. number of children diagnosed with PNET in 2000-2010>* |
| 2.1.6 | Are any follow-up requests anticipated? | *<if yes, please specify>* |

Date: \_\_\_\_\_\_\_\_\_\_\_\_