# Childhood Cancer Registry

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

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| --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_