

**Request for Restricted or Encrypted Variables
in the SEER-MHOS Data File**

Part I (to be completed by Investigator)

Name and title of investigator: _____

Organizational affiliation: _____

Telephone: _____ Fax: _____ Email: _____

Project title: _____

Project Abstract (insert here or attach as separate document):

Type of variable requested:

Contract Number Plan Contract Number Plan Name Plan ID No.

Please describe how these variables will be used (ex. unencrypted Plan Identification Number will be used to determine distance to care).

This project is funded by: NCI DOD Other (please specify):

I agree that if these variables are released to me that they will not be used to identify any individual cancer patient, or health plan. I will publish findings from these analyses at a sufficient level of aggregation to make it impossible to identify individual health plans, and I will not make public any information that may result in the identification by others of individual patients, or health plans.

Date	Investigator's Printed Name	Investigator's Signature
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Please forward this request to Health Services Advisory Group. This can be sent via e-mail to: SEER-MHOS@hsag.com or by surface mail:

Health Services Advisory Group Surveys,
Research and Analysis SEER-MHOS
3133 East Camelback Road, Suite 100
Phoenix, Arizona 85016-4501

Part II (to be completed by NCI):

Name of Investigator:

Project Title:

I have reviewed this request and agree to the release of the following unencrypted variables:

- | | | | |
|--------------------------|----------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | None | <input type="checkbox"/> | Contract Number |
| <input type="checkbox"/> | Plan Contract Number | <input type="checkbox"/> | Plan Name |
| <input type="checkbox"/> | Plan Identification Number | | |

Prior to submitting an article for publication, all outside researchers who use the SEER-MHOS data are required to provide a copy of the manuscript to NCI for review to ensure that there are no confidentiality/privacy issues.

Date	NCI Staff Printed Name	NCI Staff's Signature
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NCI Staff Reviewer: Please forward to IMS Contact at:

Part III (to be completed by IMS Staff Reviewer):

Date	IMS Staff Printed Name
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