Request for Restricted or Encrypted Variables
in the SEER-CAHPS 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:

- Unencrypted Census tracts and ZIP Codes are NOT needed to link the Census data to the PEDSF or SUMDENOM information. All Census tracts and ZIP Codes on SEER-CAHPS data are encrypted in a uniform manner so Census data can be merged using the encrypted variables. Selected Census data from 1990, 2000 and ACS 2008-2012 by ZIP code and Census tract are provided with every data request.
- Unencrypted hospital numbers are NOT needed for volume outcomes studies. All provider numbers on SEER-CAHPS data are encrypted in a uniform manner so volume can be calculated from the encrypted numbers.

☐	patient ZIP Code		patient Census tract
☐	Provider/ Hospital ZIP Code		unencrypted hospital provider numbers (NPIs)

Please describe how these variables will be used (ex. unencrypted patient and hospital ZIP Code 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, hospital, physician, 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, patients, hospitals, or physicians. I will not make public any information that may result in the identification by others of individual patients, or health plans. I understand that I can only access the SEER-CAHPS data to work on the project as described in my application. Furthermore, the dataset with restricted variables can be used only for this particular project and cannot be used for any subsequent analysis.

Date	Investigator's Printed Name	Investigator's Signature

Please forward this request to SEER-CAHPS staff. This can be
sent via e-mail to: NCISEERCAHPS@mail.nih.gov

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:

☐ None   Patient Census tract
☐ Patient ZIP code   Unencrypted hospital provider numbers (NPIs)
☐ Provider/Hospital ZIP code

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

Date	NCI Staff Printed Name	NCI Staff's Signature

NCI Staff Reviewer: Please forward to IMS Contact at:

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

Date	IMS Staff Printed Name