

Michigan Department of Health and Human Services (MDHHS)
Michigan Cancer Surveillance Program (MCSP)
Cancer Report Form – DCH-0768

Manual Submission of Data Instructions:

1. Cases submitted manually must be recorded on the most current copy of the MDHHS Cancer Surveillance Program Cancer Report Form DCH-0768, which can be downloaded and printed from the [MCSP website](http://www.michigan.gov/mcsp) at www.michigan.gov/mcsp.
2. Per Michigan Compiled Laws and Administrative Rules on Cancer Reporting, whenever a cancer case (incidence) is diagnosed within a hospital, clinical laboratory or by a physician, dentist or clinical director, a fully completed abstract (form) must be prepared and forwarded to MCSP within 180 days from the date of initial diagnosis and/or first course of treatment.
3. Manual submission is limited to 100 or less cases per year; however, facilities with caseload greater than 50 should contact MCSP to confirm submission of data in manual format.
4. The cancer report form may be typed or completed by hand.
5. An abstract report for each separate primary tumor is required. Note: A second report is NOT required if a patient is diagnosed with a recurrence that is confirmed to NOT be a second primary.
6. The 'MCSP Cancer Program Manual' is intended to outline what information is needed and to provide specific guidance for completing the report form (abstract) to meet state reporting requirements. The manual, MI Administrative Rules on Cancer Reporting, Messages, Announcements, Forms and resource reference documents are available on the [MCSP website](http://www.michigan.gov/mcsp) at www.michigan.gov/mcsp
7. Fully completed Cancer Report Forms must include all applicable patient, tumor, first course of treatment and text information.
 - The patient's 'Race' and 'Social Security Number' are required data items regardless of facility type (i.e. hospital, laboratory, physician). The full 9-digits of the SSN is required not just the last 4-digits.
 - If SSN and/or Race is unknown, follow-back should be conducted to locate the missing information. If follow-back is conducted and the SSN and/or Race cannot be obtained, record applicable follow-back information on the form in the Miscellaneous text field (data item #99).
 - Text is a required data item. Record what is known and/or unknown in the applicable text boxes on the form as it relates to the required data items for the reportable condition.
 - **Attach all copies of pertinent documents** to the cancer report form that pertain to the patient's diagnosis and/or first course of treatment of a reportable condition (cancer).
Examples of pertinent documents include:
 - History and Physical Examination Report(s)
 - Pathology Report(s)
 - Labs
 - Scopes
 - Operative Reports
 - X-rays-Scans
 - Consultation Reports
 - Treatment Summary - Plan/Notes (diagnosis/first course treatment only)

8. Complete the Case Submission Form for each submission (batch) of cancer report forms to MCSP. A copy of the Case Submission Form is available on the [MCSP](http://www.michigan.gov/mcsp) website at www.michigan.gov/mcsp
9. Submit the completed Cancer Report Forms and Case Submission Form to MCSP via trackable carrier (e.g. FedEx or UPS) to:

MDHHS – MCSP
South Grand Building, 2nd Floor
VRHS - Cancer Surveillance Section
333 S. Grand Ave.
Attention: Registry Operations Support Staff
Lansing, MI 48933

Case Submission Form

The Case Submission Form **MUST** be included when sending manual submission of cancer report forms to the MI central cancer registry (MCSP). Complete the information below and enclose the form with each 'batch' of cancer report forms

Date: _____ **Facility Number:** _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Preferably the individual(s) who abstracted the cases

Phone Number: _____ Fax Number: _____

Email: _____

Number of cases included in submission:

New Cases: _____ Updates/Corrections: _____

NOTE: Manual Updates (Corrections) Submission

Manual updates should be submitted for changes to abstracts originally submitted in paper format only. Changes made to a previously submitted cancer report form should be submitted as follows:

1. Make a photocopy of the cancer report form that was previously submitted to MDHHS-MCSP.
2. Draw a line through the INCORRECT information.
3. Write in and HIGHLIGHT the correct information.
4. Check the UPDATE box in the upper right-hand corner of the cancer report form.

Diagnosis month(s) and the year(s) included in this submission:

Month: _____ Year: _____

Diagnosis month and year in which reporting is believed to be completed:

Month: _____ Year: _____

Expected annual number of cases: _____