

Case Submission Form

The Case Submission Form **MUST** be completed for manual submission of data to MCSP via the MI Cancer Report Form. Complete the information below and enclose the form with submission (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 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: _____