**Facility Contact Form**

Please complete and submit this form to MCSP for new and/or revised changes in facility contact information. Email the completed form to Georgetta (Jetty) Alverson at alversong@michigan.gov and Stacey Coltrain at coltrains@michigan.gov

|  |  |
| --- | --- |
| **Form Completed By:**(print name, title)  |  |
| Date Form Completed: |  |
| New/Revised Facility Information:(check all applicable boxes and record corresponding information)  | **New Reporting Facility?** Yes ☐ No ☐ Start Date:   Do you have an assigned MCSP 5-digit Facility Number? Yes ☐ No ☐**Change in Facility Reporting?** Yes ☐ No ☐ Start Date:   Description: **Change in Annual Estimated Case Count?** Yes ☐ No ☐  New Estimated Annual Case Count: Diagnosis Year:  Reason for increase/decrease in annual case count:  |

**Facility Information**

|  |  |
| --- | --- |
| MCSP Facility Number(5-digit #): |  |
| Facility Name: |  |
| Mailing Address: |  |
| City: |  |
| State: |  |
| Zip: |  |
| County: |  |
| Facility Phone: |  |
| Facility Fax: |  |
| Method of Reporting:(Type of Cancer Case Abstraction) | Proprietary Software: METRIQ ☐ ONCOLOG ☐ Other ☐   Web Plus: ☐ Manual (MI Cancer Report Form): ☐  |
| Reporting Type:  | Hospital w/Registry ☐ Hospital w/o Registry ☐ Laboratory ☐ Clinic ☐ Physician ☐ Dentist ☐ Other ☐  |
| ACoS Approved? If yes, CoC (10-digit #): | Approved: Yes ☐ No ☐CoC FIN #:  |
| Annual Estimated Case Count:  |  |
| Other facilities you report for, if applicable: | Facility Number(s), Facility Name(s) and Annual Case Counts  |
| Facility who reports for you, if applicable: | Facility Number and Facility Name  |

**Local Administrator:** Designate one person who will maintain all Web Plus User facility accounts.

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title/Credentials: |  |
| Mailing Address: |  |
| City: |  |
| State/Zip: | State: Zip: |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Form:  | Web: <http://www.michigan.gov/mcsp> |

**Direct Manager of the Registry:** If same as Local Administrator, write ‘Same’.

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title/Credentials: |  |
| Mailing Address: |  |
| City: |  |
| State/Zip: | State: Zip: |
| Email: |  |
| Phone: |  |
| Fax: |  |

**Executive Manager (i.e., CEO, President):**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title/Credentials: |  |
| Mailing Address: |  |
| City: |  |
| State/Zip: |  State: Zip: |
| Email: |  |
| Phone: |  |
| Fax: |  |

**Main Registry Contact (i.e., MCSP follow-back for registry information):**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title/Credentials: |  |
| Mailing Address: |  |
| City: |  |
| State/Zip: |  State: Zip: |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Work Location  | On-site: ☐ Remote: ☐ Combination (onsite/remote): ☐ |

**Alternate Registry Contact (i.e., MCSP follow-back for registry information)**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Work Location: | On-site: ☐ Remote: ☐ Combination (onsite/remote): ☐ |

**Facility Contacts:** Please list all staff involved with cancer case abstraction and/or facility submission of case reports (files) to MCSP, including contractors. If contractor, please include name of the contractual company***. Note:*** If the facility contact is the same as the Main Registry Contact or the Alternate Registry Contact (as recorded on page 3 of this form), record “Same” and check appliable box (e.g., Main Registry Contact or Alternate Registry Contact).

**Contact:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Main or Alternate Registry Contact? | Main Registry Contact: ☐ Alternate Registry Contact: ☐  |

**Contact:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Main or Alternate Registry Contact? | Main Registry Contact: ☐ Alternate Registry Contact: ☐  |

**Contact:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Main or Alternate Registry Contact? | Main Registry Contact: ☐ Alternate Registry Contact: ☐  |

**Contact:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Main or Alternate Registry Contact? | Main Registry Contact: ☐ Alternate Registry Contact: ☐  |

**Contact:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Main or Alternate Registry Contact? | Main Registry Contact: ☐ Alternate Registry Contact: ☐  |

**Contact:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Main or Alternate Registry Contact? | Main Registry Contact: ☐ Alternate Registry Contact: ☐  |

**Note: If the facility has additional contacts, please use the table on the following page to provide contact information.**

**Additional Facility Contacts**

**Contact:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Main or Alternate Registry Contact? | Main Registry Contact: ☐ Alternate Registry Contact: ☐  |

**Contact:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Main or Alternate Registry Contact? | Main Registry Contact: ☐ Alternate Registry Contact: ☐  |

**Contact:**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Credentials: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |
| Main or Alternate Registry Contact? | Main Registry Contact: ☐ Alternate Registry Contact: ☐  |