



GUAM CANCER REGISTRY

A Joint Project of the UOG Cancer Research Center and the
Department of Public Health & Social Services
Funded via Public Law 30-80



REQUEST FOR ACCESS TO HIPAA PROTECTED CANCER PATIENT INFORMATION

1. What is your present organizational affiliation (organization sponsoring or supervising your research) and your title?
2. List your academic credentials and those of any others who will be assisting you (or attach updated curriculum vitae).
3. What records do you wish to review? (Be specific)
4. What safeguards will be taken to protect the identity of patients whose records you will be reviewing? *The Cancer Registry reserves the right to redact any information not necessary to your study.*
5. What is the purpose of the proposed research project, including the hypothesis to be tested and the anticipated impact on cancer prevention or control?
Please provide a full copy of the research proposal, a copy of the peer reviews, and the award letter providing funding. If any of these are unavailable, please briefly explain.
6. What is the nature of the data to be collected and how do you intend to analyze it?
7. Provide your analysis demonstrating that a sufficiently large number of cancer cases of the cancer(s) you wish to study are available to calculate a statistically significant outcome.
8. Identify the individual(s) who will be providing statistical analysis of the data that you plan to analyze and/or collect and briefly describe his/her qualifications or provide a curriculum vitae.
9. I agree that the names of individual cancer patients or any facts tending to lead to the identification of individual cancer patients will not be published or made public.
10. Your research proposal must have received approval of the University of Guam Institutional Review Board (IRB) committee. Please attach a copy of the approval letter and an approved informed consent form if applicable.



GUAM CANCER REGISTRY

A Joint Project of the UOG Cancer Research Center and the
Department of Public Health & Social Services
Funded via Public Law 30-80



NOTE: If you wish to directly contact patients using the listing in the GCR database, you must first obtain oral or written consent from the patient's attending physician. If consent of the patient's attending physician is obtained, you must then record the patient's written consent to be interviewed by having the patient complete a release of confidential information form.

I affirm that the above information I have provided is true and accurate:

APPLICANT (PLEASE PRINT)	SIGNATURE	DATE
--------------------------	-----------	------

RECOMMENDED NOT RECOMMENDED

GUAM CANCER REGISTRY	SIGNATURE	DATE
----------------------	-----------	------

APPROVED NOT APPROVED RESEARCH AUTHORIZATION REQUEST:

DIRECTOR OF PUBLIC HEALTH AND SOCIAL SERVICES	DATE
---	------

COPY: Guam Cancer Registry; Principal Investigator, Dr. R.T. Leon Guerrero; DPH&SS, Research File