



User/Contact Form

From the Missouri Cancer Registry (MCR)

Web Plus Cancer Reporting

Please provide contact information for users from your facility, identifying roles for each user. MCR will create accounts for use with Web Plus, and notify users by email. If you have more than two users, please use additional sheet(s) as needed.

Primary user

Secondary user (if any)

Name

Name

Title/Position

Title/Position

Name of Practice/Address

Name of Practice/Address

Email (mandatory)

Email (mandatory)

Phone

Phone

Main function of Primary user:

- Abstractor
- File uploader

Main function of Secondary user:

- Abstractor
- File uploader

Please fill out the information above and fax or mail to our offices. As email will be our primary form of communication, please be sure to include an email address.

Comments/Questions:

Please provide the appropriate information and return this form by fax or mail to:

Sharon El Shoubasi

Missouri Cancer Registry

PO Box 718

Columbia, MO 65205-07981

Phone: 1-866-240-8809 or 573-884-6928

Fax: 573-884-9655

Email: elshoubasis@health.missouri.edu

Website: <http://mcr.umh.edu>

