



# DATA ELEMENTS REQUIRING COI FORM

May 2003

1. Last name, first name, middle (including maiden name and alias)
2. Address at diagnosis, includes city, county, state and zip code
3. Race
4. Spanish/Hispanic origin
5. Sex
6. Birth date
7. Social security number
8. Date of diagnosis
9. Date of 1<sup>st</sup> Contact (formerly Date of 1<sup>st</sup> Contact/Admission)
10. Primary site
11. Morphology type, behavior and grade
12. Sequence number
13. Laterality
14. Diagnostic confirmation
15. Stage of disease
16. Type and date of first course of definitive treatment
17. Date of death/last contact
18. Underlying cause of death
19. Vital status
20. Cancer Status

**Missouri-specific data element:**

21. Years of tobacco use

Revised 8/23/2000 (scv)  
5/31/01 (scv/jh)  
5/13/03 (scv)