Missouri Cancer Registry Hospital Directory
Update Form
ATTN: PLEASE COMPLETE AND MAIL, FAX OR E-MAIL TO
Hope Morris

Please complete all applicable information:

HOSPITAL NAME:
____________________________________________________________________________

ADDRESS (Street, City, Zip)
________________________________________________________________________

ADMINISTRATOR (Title and credentials):___________________________________Phone:___________________

SUPERVISOR (Title & credentials):_________________________________________________________________

HOSPITAL DEPARTMENT__________________________________________Phone:_________________________

CONTACT PERSON (Include Title(s)):
________________________________________________________________

HOSPITAL DEPARTMENT:
_______________________________________________________________________

E-MAIL ADDRESS:
_______________________________________________________________________________

CONTACT PHONE: _________________ FAX: _______________ HOSP. PHONE___________________________

2nd CONTACT PERSON (Optional):
______________________________________________________________________________

2nd CONTACT PHONE: _________________ E-MAIL ADDRESS:
_______________________________________________________________________________

BED SIZE: __________ REPORTING STATUS: _____ Incidence _____ Survival

ESTIMATED NUMBER OF CANCER CASES REPORTED ANNUALLY:
______________________________________________________________________________

DO YOU REPORT CASES FOR ANOTHER HOSPITAL? ______YES ______ NO

NAME OF HOSPITAL(S):
______________________________________________________________________________

REPORTING MECHANISM: ______ Computerized (indicate software)
_____________________________________________________________________
________ Manual
________ Circuit-riding (less than 75 cases annually)
ACoS ACCREDITED: _____ YES     ___ NO         REGISTRY REFERENCE YEAR: __________________

DATE UPDATED: _____________________________________________________________

Please return form to:

Hope Morris, Missouri Cancer Registry, PO Box 718, Columbia, MO 65205

Or

Hope Morris, fax number 573-884-9655

Or

Hope Morris, e-mail: morrisho@health.missouri.edu