

**Missouri Cancer Registry  
Facility Directory Update Form**

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Columbia MO 65205

Fax: (573) 884 9655  
Toll free: (866) 240-8809  
Email: ecclestone@health.missouri.edu  
Website: http://mcr.umh.edu

Facility # (FIN): \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

*For MCR Use Only*

**ADMINISTRATIVE FACILITY INFORMATION**

Facility Name:		Address (Street or PO Box):	
City, State, Zipcode		Main Phone and Fax:	NPI Number:
Administrator (with title & credentials):		Department:	Phone:
Main contact:		Title:	Department:
Main Contact Phone:	Main Contact Fax:	Main Contact Email:	
Alternate contact: (please include title and department)	Alternate contact phone:	Alternate contact email:	

**FACILITY-SPECIFIC INFORMATION**

**Data Transmission Method:**

- Chart     Diskette     CD  
 Other (please specify): \_\_\_\_\_

**How does your Information System retrieve diagnostic information? (check all that apply)**

- ICD/9                       SNOMED  
 CPT                          Free Text  
 Other \_\_\_\_\_

**What software program/vendor do you use?**

\_\_\_\_\_

**What format is available for exported data?**

- .txt file  
 .xls file  
 Other \_\_\_\_\_

**For Pathology Labs Only:** If your facility does not process anatomic, cytology, bone marrow or autopsy specimen types, please indicate here.

**Comments:**