

**Missouri Cancer Registry  
Surgery Center and Dermatology  
Office Directory Update Form**

PO Box 718  
Columbia MO 65205

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

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

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

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

*For MCR Use Only*

**ADMINISTRATIVE FACILITY INFORMATION**

Reporting Facility/Physician 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**

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

- ICD-9       CPT  
 Free text     Other \_\_\_\_\_  
 SNOMED

What software vendor do you use?  
\_\_\_\_\_

How many cases of melanoma were diagnosed or treated in your facility during the following years:

2000 \_\_\_\_\_  
2001 \_\_\_\_\_  
2002 \_\_\_\_\_

**List all pathology labs your facility uses:**

**Comments:**