

New Hampshire Public Health Cancer Registry Registration Form



Complete this form to register your intent to submit data to the NH Public Health Cancer Registry.

To obtain a Word version of this form that will allow you to populate the fields, please send a request to: DPHSmu@dhhs.state.nh.us.

Email completed form to: DPHSmu@dhhs.state.nh.us

Date:	Facility Name:	Name	Email Address	Phone
Contact Information				
Meaningful Use Contact				
Cancer Registry Interface Lead				
Networking Lead				
Other (Specify title):				

Indicate the vendor, software product and version you will be using, and if the system being used is 2014 Certified Electronic Health Record Technology (CEHRT):

Systems	Software vendor	Product name/number	Version	2014 CEHRT ?	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>

- Is your EHR capable of sending HL 7 CDA R2? Yes No
- If planning to upgrade your software product and version you will be using to submit Cancer Registry data, please indicate estimated date:

<ul style="list-style-type: none"> • Please indicate the provider specialty, e.g., dermatology, hematology, urology, gastroenterology, etc.:
<ul style="list-style-type: none"> • Please provide the name of the organization/group practice in which this provider practices, e.g., ABC Urology Associates, XYZ Oncology Group, etc.:

- What transport option are you planning to use for sending data electronically to the Cancer Registry?

<input type="checkbox"/> NH Health Information Exchange (HIE)	Other (Specify)
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- How would you describe your organization? Please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Freestanding | <input type="checkbox"/> Multi-specialty group or partnership | <input type="checkbox"/> Solo medical oncology practice |
| <input type="checkbox"/> Hospital-based practice | <input type="checkbox"/> Physician-owned center | <input type="checkbox"/> Solo radiation oncology practice |
| <input type="checkbox"/> Medical oncology group or partnership | <input type="checkbox"/> Radiation oncology group or partnership | <input type="checkbox"/> Other |

- What types of genomic testing are done at your organization? Please check all that apply:

- APC BCR-ABL BRCA1 BRCA2 CA 125 ER HER2 KRAS KIT PR TP53 (p53) RB1
 My facility does not perform genomic testing

- How many cancer cases does this organization diagnose/treat on a yearly basis?

- 0 1 – 25 26 – 50 51 – 100 > 100