

# Missouri Cancer Registry Transmittal Form

1020 Hospital Drive – PS7  
Columbia MO 65211

Fax: 573 884 9655  
Toll free: 800 392 2829  
Website: <http://mcr.umh.edu>

Date received: \_\_\_\_\_  
Date loaded: \_\_\_\_\_  
Range numbers: \_\_\_\_\_  
Log number: \_\_\_\_\_  
Batch number: \_\_\_\_\_

*For MCR Use Only*

**Please complete for each reporting period**

## Facility Information

Hospital Name: \_\_\_\_\_ Hospital #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Date Transmitted/Mailed Charts: \_\_\_\_\_  
00/00/0000

## Data Type/Information

### Submissions in NAACCR format:

Electronic file name: \_\_\_\_\_  
File name assigned by Web Plus (.bun): \_\_\_\_\_  
Year: \_\_\_\_\_ # of Cases: \_\_\_\_\_  
Year: \_\_\_\_\_ # of Cases: \_\_\_\_\_

Electronic file name: \_\_\_\_\_  
File name assigned by Web Plus (.bun): \_\_\_\_\_  
Year: \_\_\_\_\_ # of Cases: \_\_\_\_\_  
Year: \_\_\_\_\_ # of Cases: \_\_\_\_\_

Electronic file name: \_\_\_\_\_  
File name assigned by Web Plus (.bun): \_\_\_\_\_  
Year: \_\_\_\_\_ # of Cases: \_\_\_\_\_  
Year: \_\_\_\_\_ # of Cases: \_\_\_\_\_

### Submissions in Non-NAACCR format:

*Please indicate which type of file by placing an 'x' in the column preceding the file name*

- File name MRDI:  
 File name accession register:  
 File name audit files:  
 File name other (please specify):

### Low Volume Facilities Only:

*For paper charts*

	Month(s)	Year
<input type="checkbox"/> Number of paper charts		
<input type="checkbox"/> Paper MRDI included		

## Additional Information

Comments: \_\_\_\_\_