

ALR Data Submission – Special Request Form

Please complete the appropriate sections of this form, attain the required signatures, and **e-mail a copy to CCO Informatics - informatics@cancercare.on.ca** (fax option – 416 217-1302). **Resubmission requests received in less than 5 business days prior to the data submission deadline will be submitted for approval for the following month.** Cancer Care Ontario will confirm the request with the requestor within 48 hours of receipt of the request. For more information about special submissions, visit <http://www.cancercare.on.ca/toolbox/systeminfo/inforeptools/>. If you have any questions about this form please e-mail us at informatics@cancercare.on.ca.

Please complete sections 1 and 2 before printing this form.

SECTION 1 – REQUESTOR IDENTIFICATION

First Name *	Middle Initial(s)	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Telephone * (include ext.)	Business E-mail *	
<input type="text"/>	<input type="text"/>	
Title *	Facility Name * (see Facility names table)	
<input type="text"/>	<input type="text"/>	

SECTION 2 – SUBMISSION SPECIFICATIONS

Data entities to be submitted (check all that apply and specify the time period to be submitted)

<input type="checkbox"/> Clinic Visit	From: <input type="text"/>	To: <input type="text"/>
<input type="checkbox"/> Radiation Planning / Treatment Activity	From: <input type="text"/>	To: <input type="text"/>
<input type="checkbox"/> Systemic Drug Delivery Event	From: <input type="text"/>	To: <input type="text"/>
<input type="checkbox"/> Procedure	From: <input type="text"/>	To: <input type="text"/>

Estimated Submission Date

Reason for special request (Provide a brief description of the situation which has caused the need for a special request, including actions)

SECTION 3 – SUPPLEMENTAL TERMS AND CONDITIONS

Please print this form now, and obtain the appropriate signatures

Data Submission Contact	<input type="text"/> Name (please print)	<input type="text"/> Signature
Hospital Executive (i.e., Program Director)	<input type="text"/> Name (please print)	<input type="text"/> Signature

Facility Names**---RCCs---**

- Carlo Fidani Peel (Trillium)– 975
- Grand River – 930
- Juravinski (Hamilton) – 942
- London – 936
- Northeastern Ontario (Sudbury) – 959
- Northwestern Ontario (Thunder Bay) – 935
- Odette (Sunnybrook) – 953
- Ottawa – 958
- Princess Margaret (UHN)– 947
- R. S. McLaughlin Durham (Lakeridge)– 952
- Simcoe – Muskoka (Royal Victoria) – 606
- Southeastern Ontario (Kingston)– 693
- Southlake – 736
- Windsor – 933

---Hospitals---

- Bluewater Health – 966
- Cambridge Memorial Hospital – 661
- Grey Bruce Health Services – 955
- Halton Health Care - 950
- Headwaters Health Centre - 916
- Humber River Regional Hospital – 941
- Markham – Stouffville Hospital – 905
- Sinai Health System – 976
- North York General Hospital – 632
- Quinte Healthcare – 957
- Rouge Valley Health System – 954
- Sault Area Hospital – 965
- Scarborough Hospital – 960
- St. Joseph’s Health Centre – 898
- St. Michael’s Hospital – 852
- Toronto East Health Network – 858
- William Osler Health Centre – 951
- Mackenzie Health - 701