APPENDIX C
Texas Cancer Registry Transmittal Form

INSTRUCTIONS FOR COMPLETING TRANSMITTAL FORM

The information on the Transmittal Form (TF) TCR #2 assists the TCR in processing reported data. Enclose a TF whenever you submit data (electronically or by paper). A separate TF **does not** need to be completed for each accession year.

REPORTING FORMS *AND* ELECTRONIC SUBMISSIONS

REPORTING FACILITY: Record the name and address of the reporting facility.

DATE SENT: Record month, day, and year.

FACILITY CONTACT: Record name, title, and department.

PHONE: List area code, number, and extension.

FAX #: List area code and number

E-MAIL ADDRESS: Record e-mail address

REPORTING FORMS/ELECTRONIC SUBMISSIONS:

YEAR OF ADMISSION: Record the year(s) for which records are being submitted.

TOTAL RECORDS SENT: Record the actual number of records submitted.

TOTAL MEDICAL RECORDS SENT: Record the actual number of copies of medical records submitted.

ALL FORMS SUBMITTED FOR YEAR: Indicate whether or not casefinding and abstracting have been completed for a registry year.

COMMENTS: Record any pertinent comments.

TEXAS CANCER REGISTRY TRANSMITTAL FORM

TO: **TEXAS CANCER REGISTRY**
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Public Health Region 1
1109 Kemper
Lubbock, Texas 79403

PHONE: 1-800-252-8059
or 806/744-3577

REPORTING FACILITY:

DATE SENT:

FACILITY CONTACT:

PHONE:

FAX #:

E-MAIL ADDRESS:

REPORTING FORMS/ELECTRONIC SUBMISSIONS

***Please indicate the number of records submitted according to *admission* *date*:**

YEAR OF ADMISSION	TOTAL RECORDS SENT	TOTAL MEDICAL RECORDS SENT	ALL RECORDS SUBMITTED FOR YEAR (PLEASE CHECK ONE COLUMN)	
			YES	NO

COMMENTS:

FOR TCR USE ONLY

Date Received	**PHR**	
Facility No.	**Total Received**	
Track No.	**Date Sent to Data Entry**	
Date Entered on Line	**Total sent to Data Entry or EOL**	
Alpha Check/Code:	**Region Review:**	**Central Office Review:**
Registry Numbers:		

TCR COMMENTS:

FOR TCR USE ONLY

Tracking Check List: ____ Entered upon Receipt ____ Updated when mailed ____ Updated in Austin

TCR FORM #2 REVISED 07/04

TEXAS CANCER REGISTRY TRANSMITTAL FORM

TO: **TEXAS CANCER REGISTRY**
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Public Health Region 6
5425 Polk Street
Houston, Texas 77023-1497

PHONE: 1-800-252-8059
or 713/767-3180

REPORTING FACILITY:

DATE SENT:

FACILITY CONTACT:

PHONE:

FAX #:

E-MAIL ADDRESS:

REPORTING FORMS/ELECTRONIC SUBMISSIONS

***Please indicate the number of records submitted according to *admission* *date*:**

YEAR OF ADMISSION	TOTAL RECORDS SENT	TOTAL MEDICAL RECORDS SENT	ALL RECORDS SUBMITTED FOR YEAR (PLEASE CHECK ONE COLUMN)	
			YES	NO

COMMENTS:

FOR TCR USE ONLY

Date Received	**PHR**
Facility No.	**Total Received**
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Registry Numbers:

TCR COMMENTS:

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Tracking Check List: ____ Entered upon Receipt ____ Updated when mailed ____ Updated in Austin

TCR FORM #2 REVISED 07/04

TEXAS CANCER REGISTRY TRANSMITTAL FORM

TO: **TEXAS CANCER REGISTRY**
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Public Health Region 8
7430 Louis Pasteur Drive
San Antonio, Texas 78229

PHONE: 1-800-252-8059
or 210/949-2165

REPORTING FACILITY:

DATE SENT:

FACILITY CONTACT:

PHONE:

FAX #:

E-MAIL ADDRESS:

REPORTING FORMS/ELECTRONIC SUBMISSIONS

***Please indicate the number of records submitted according to *admission* *date*:**

YEAR OF ADMISSION	TOTAL RECORDS SENT	TOTAL MEDICAL RECORDS SENT	ALL RECORDS SUBMITTED FOR YEAR (PLEASE CHECK ONE COLUMN)	
			YES	NO

COMMENTS:

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TCR COMMENTS:

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TCR FORM #2 REVISED 07/04

TEXAS CANCER REGISTRY TRANSMITTAL FORM

TO: **TEXAS CANCER REGISTRY** **PHONE: 1-800-252-8059**
TEXAS DEPARTMENT OF STATE HEALTH SERVICES **or 817/264-4590**
Public Health Region 3
1301 South Bowen Rd., Suite 200
Arlington, Texas 76013-1869

REPORTING FACILITY:

DATE SENT:

FACILITY CONTACT:

PHONE:

FAX #:

E-MAIL ADDRESS:

REPORTING FORMS/ELECTRONIC SUBMISSIONS

***Please indicate the number of records submitted according to *admission* *date*:**

YEAR OF ADMISSION	TOTAL RECORDS SENT	TOTAL MEDICAL RECORDS SENT	ALL RECORDS SUBMITTED FOR YEAR (PLEASE CHECK ONE COLUMN)	
			YES	NO

COMMENTS:

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Registry Numbers:		

TCR COMMENTS:

FOR TCR USE ONLY

Tracking Check List: ____ Entered upon Receipt ____ Updated when mailed ____ Updated in Austin

TCR FORM #2 REVISED 07/04

TEXAS CANCER REGISTRY TRANSMITTAL FORM

TO: **TEXAS CANCER REGISTRY**
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
1100 West 49th Street
Austin, Texas 78756

PHONE: 1-800-252-8059
or 512/458-7523

REPORTING FACILITY:

DATE SENT:

FACILITY CONTACT:

PHONE:

FAX #:

E-MAIL ADDRESS:

REPORTING FORMS/ELECTRONIC SUBMISSIONS

***Please indicate the number of records submitted according to *admission* *date*:**

YEAR OF ADMISSION	TOTAL RECORDS SENT	TOTAL MEDICAL RECORDS SENT	ALL RECORDS SUBMITTED FOR YEAR (PLEASE CHECK ONE COLUMN)	
			YES	NO

COMMENTS:

FOR TCR USE ONLY

Date Received	**PHR**
Facility No.	**Total Received**
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Registry Numbers:

TCR COMMENTS:

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Tracking Check List: ____ Entered upon Receipt ____ Updated when mailed ____ Updated in Austin

TCR FORM #2 REVISED 07/04