

(Your State) Registry

Provider Site Responsibilities and Contact Information

Provider / Provider Site Name: _____

Provider / Provider Site ID: _____

Electronic Health Record (EHR) Name and Contact Information: _____

Version: _____

How Often EHR Will Send CDA Documents to (your state): _____

Date Form Completed: _____

Date of Cancer Reporting go-live in (your state): _____

Cancer Report Transport Method: _____

Who is responsible for monitoring the data feed through the approved document transport method?

► Primary:

Name: _____ Position: _____

Phone: _____ E-Mail: _____

► Backup:

Name: _____ Position: _____

Phone: _____ E-Mail: _____

Who is responsible for overseeing the content in the CDA document(s) and addressing any issues with the reports?

► Primary:

Name: _____ Position: _____

Phone: _____ E-Mail: _____

► Backup:

Name: _____ Position: _____

Phone: _____ E-Mail: _____