

FLORIDA CANCER DATA SYSTEM

Application for Full CD

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Full CD Agreement

Please note: anyone with access to the data must completely fill out the Confidentiality Pledge (Page 2). In addition, in order to obtain the Full CD, you will be required to obtain DOH IRB.

I. ORGANIZATION OR INDIVIDUAL REQUESTING FULL CD (Need physical Address for courier delivery)

- A. Project Director:
- B. Title:
- C. Organization: Include Branch, Division, Department, etc.
- D. Street Address or Post Office Box:
- E. City/State/ZIP Code:
- F. Telephone:
- G. E-mail:

II. SUMMARY OF STUDY PROTOCOL OR PROJECT ACTIVITIES

- A. Title of Study or Project:
- B. Name and address of sponsor(s) for this project (if any):
- C. Specify all sources of funding for this project:

III. ABSTRACT OF STUDY PROTOCOL OR PROJECT ACTIVITIES (RESEARCH PROPOSAL)

- A. Primary Focus. State the specific health or medical problems addressed, or other conditions or concerns of the study.
- B. Objectives. State the hypotheses to be tested, if any.
- C. Analyses to be performed, indicating specifically how data obtained from Florida Cancer Data System will be used.
- D. Release of results, including interim and final reports and publications to be sent to the department upon completion.

IV. CONFIDENTIALITY OF IDENTIFIABLE DATA

- A. How will you maintain the confidentiality of the Full CD obtained from the Florida Cancer Data System? Include an explanation of how such data will be stored as well as how and when you plan to dispose of the data after your study is completed.
- B. Please list below those that will have access to the identifiable data obtained from the Full CD and enclose their confidentiality pledges.

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Full CD

Agreement and Confidentiality Pledge

Section 385.202, F.S. states that the material in the Statewide Cancer Registry shall be used or published *“only for the purpose of advancing medical research or medical education ... In all events, the identity of any person whose condition or treatment has been reported and studied shall be confidential, ...”*

Therefore, I agree to the following provisions:

1. The certified CD for the specified years obtained from the Florida Cancer Data System, Department of Health, will be used only for research and statistical purposes. No data will be published or released in any form where a particular individual or establishment therein described can be directly or indirectly identifiable. Furthermore, the information derived from this data will not be used as a basis for legal, administrative or other actions against any individuals or establishments.
2. Information obtained from these certified CDs will not be released to anyone or any other institution without prior written approval by the Florida Cancer Data System (FCDS).
3. These certified CDs will not be copied or converted to other formats for further distribution or resale, and will be returned to the Department if no further use is to be made of it.
4. Record linkage leading to patient identification is strictly prohibited. Under no circumstances will any effort be made to learn the identity of any person whose cancer data are contained in the supplied file(s).
5. If the identity of any person is discovered inadvertently, then the following should be done:
 - a. No use will be made of this knowledge
 - b. The Florida Cancer Data System will be notified of the incident.
 - c. No one else will be informed of the discovered identity.
6. A copy of any and all reports, articles and publications resulting from the use of these data will be submitted to FCDS.

Furthermore, in addition to the provisions ensuring the confidentiality of patients diagnosed with cancer; I agree to add the following statement to any and all reports, articles or other publications based on these data:

“The Florida cancer incidence data used in this report were collected by the Florida Cancer Data system under contract with the Department of Health (DOH). The views expressed herein are solely those of the author(s), and do not necessarily reflect those of the contractor of DOH”.

I have read and understand the implications of the above.

Signature

Subscribed and sworn before me

This _____ day of _____ 20____.

Name

Notary Public, Name and Seal

Organization

Title

Date

FLORIDA CANCER DATA SYSTEM

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Full CD Order Form

Name

Organization

Please send the CD to the following address:

Phone _____

Fax: _____

Please mail the original above completed form along with a check or purchase order in the amount of \$1,000 (per CD requested) to:

Jill MacKinnon
Re: CD Purchase
Florida Cancer Data System
PO Box 016960 (D4-11)
Miami, FL 33101

Unauthorized release of information which would identify an individual patient represented by a cancer case reported and released to the applicant is punishable as provided in Section 119.10(1) and (2), Florida Statutes.
