



HOSP Application

Data Request #: 882 HOSPITAL SPECIFIC
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Request Date: 03/29/2016

Principal Investigator	Primary Contact
Name: Hospital Request ADMINISTRATOR 123 MAIN STREET MIAMI LAKES, FL 33016 Cred: BA email: dreq_hosp@compuace.com Phone: (305)623-0360 Fax: (-) Bus: CITY MEMORIAL HOSPITAL	Name: Hospital Request ADMINISTRATOR 123 MAIN STREET MIAMI LAKES, FL 33016 Cred: BA email: dreq_hosp@compuace.com Phone: (305)623-0360 Fax: (-) Bus: CITY MEMORIAL HOSPITAL

Intent to Publish: Yes

Purpose of Request: HOSPITAL

Project Status:

Hospital Information:

A. Facility Choice:

1100 - SHANDS UNIVERSITY OF FLORIDA

B. Years Selected:

2012,2011,2010,2009,2008,2007,2006,2005,2004,2003



Florida Statewide Cancer Registry



Florida Cancer Data System

Abstract of Study Protocol or Project Activities:

NOT APPLICABLE

How will this FCDS data be used and presented:

Enter how the FCDS data will be used and presented here.