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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-00982 (03/2021) | **STATE OF WISCONSIN**  Office of Health Informatics | |
| **DATA UPDATE INFORMATION WISCONSIN CANCER REPORTING SYSTEM (WCRS)** | | |
| In contacting the following patient, we ascertained that the following information provided by the Wisconsin Cancer  Reporting System (WCRS) was missing or incorrect. Complete and return to:  WCRS  Attn: Angela Whirry-Achten  Wisconsin Department of Health Services  1 West Wilson Street, Room 118  Madison, WI 53703  Email: [Angela.Whirryachten1@dhs.wisconsin.gov](mailto:Angela.Whirryachten1@dhs.wisconsin.gov) | | |
| Study Title | | |
| Investigator’s Name | | |
| Respondent / Patient Name (Print or Type First, Middle and Last Name) | | Date of Birth |
| Incorrect or Missing Information | | |
| Correct Information | | |
| Source of Correct Information (e.g., patient interview, telephone conversation with spouse) | | |
| Name of Person Completing This Form | | Date Completed |