**Department of Health Services State of Wisconsin**

Division of Public Health Page 1 of 2

F-00983 (10/2025)

# Wisconsin Cancer Reporting System (WCRS)

# Aggregate Cancer Incidence Data Request and Data Use Agreement

Instructions: Complete the form to request aggregate cancer incidence data from the Wisconsin Cancer Reporting System (WCRS). Requests with cell counts less than 6, highly detailed-cross tabulations, or any data that could allow indirect identification when combined with other information require a research protocol approved by an Institutional Review Board (IRB) of a domestic institution with Federalwide Assurance (FWA) approval. For these types of requests, the IRB fields under the Project Information section are required. Email the completed and signed form to [DHSWCRSDataRequests@dhs.wisconsin.gov](mailto:DHSWCRSDataRequests@dhs.wisconsin.gov).

### Requestor information

Requestor name (first and last):

Address – street:

City:       State:       ZIP code:

Phone number:       Email:

### Project information

Project title:

Briefly describe the purpose and goals of your project.

Who will have access to the data?

How will the data be protected?

Principal investigator/supervisor name (first and last):

Agency/bureau/organization:

IRB name:

IRB [FWA](https://ohrp.cit.nih.gov/search/fwasearch.aspx?styp=bsc) number:

IRB project submission ID:

Requested deadline for receipt of data:

### Data request details

Select preferred data table format.

SEER\*Stat matrix (.sim)  Comma-Separated Values (.csv)  Text file (.txt)

Select rate statistics.

Rates (crude)  Rates (age-adjusted)  Trends (crude)  Trends (age-adjusted)

Other, specify:

Select frequency statistics.

Case counts  Percentages  Other, specify:

List year(s) of diagnosis:       to

Select cancer site(s).

[SEER Site Recode ICD-O-3/WHO 2008](https://seer.cancer.gov/siterecode/icdo3_dwhoheme/index.html) (adult):

[ICCC Site Recode ICD-O-3/WHO 2008](https://seer.cancer.gov/iccc/iccc-who2008.html)(pediatric):

Other, specify:

Select row and/or column variable(s). Select all that apply.

Sex:  Male  Female

Race:  White  Black  American Indian/Alaska Native  American Indian/Alaska Native

Asian or Pacific Islander  Other, specify:

Origin:  Spanish-Latino-Hispanic  Non-Spanish-Latino-Hispanic

Geography:  State  Division of Public Health Regions  County  Other, specify:

Other comments or instructions:

## Data use agreement

By signing below, I acknowledge and agree to the following terms:

1. Aggregate data will only be used for the project I described and for the approved purposes.

2. Cells with less than six (6) cases may still pose a confidentiality risk. I will not attempt to identify or contact individuals, health care facility, or health care professional.

3. I cannot distribute the data to parties without the express permission of the Division of Public Health (DPH).

4. I agree to not share or release the data in any form that could compromise confidentiality.

5. Data cannot be posted online or in public repositories unless cell counts with less than six (6) are suppressed and with the expression permission from DPH.

6. I will acknowledge WCRS as the source in publications or presentations using the acknowledgment and disclaimer at <https://www.dhs.wisconsin.gov/wcrs/researcherinfo.htm>.

7. I understand a copy of final analyses or findings generated using these data should be provided to [DHSWCRSDataRequests@dhs.wisconsin.gov](mailto:DHSWCRSDataRequests@dhs.wisconsin.gov) before publication.

8. I will securely store the data and destroy it when no longer needed or upon project completion.

9. DPH does not warrant the accuracy of any information in the records that will be provided and shall not be held liable for any inaccuracies in such records or any damages from the use thereof.

Signature — Principal investigator/supervisor:

Name — Principal investigator/supervisor (printed):

Date signed: