

**NJSCR Healthcare Facility Contact Information Form**  
**PO Box 369 Trenton, NJ 08625-0369**  
**Phone# 609-633-0500 Fax# 609-633-7509**  
**website <http://www.nj.gov/health/cancer/index.shtml>**

**Hospital Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Main Hospital Number:** \_\_\_\_\_

**Name & Title of Primary Registry Contact:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Registry Fax Number:** \_\_\_\_\_

**Whom does the Cancer Registry Report to? Department:** \_\_\_\_\_

Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Registry Staff:**

Name: _____	Title: _____
Phone: _____	Email: _____

Name: _____	Title: _____
Phone: _____	Email: _____

Name: _____	Title: _____
Phone: _____	Email: _____

Name: _____	Title: _____
Phone: _____	Email: _____

Name: _____	Title: _____
Phone: _____	Email: _____

**Name of Outsource Agency/Consultant:** \_\_\_\_\_

**President/CEO:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Director of Pathology:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Director of Chemotherapy:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Director of Radiation Therapy:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Director of Information Systems (IS):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Director of Medical Records:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cancer Committee Chairperson:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cancer Registry Software:** \_\_\_\_\_

**Is your Hospital American College of Surgeons Approved?** \_\_\_\_\_

**Average Case Load:** \_\_\_\_\_

**What Healthcare Systems and or Hospitals are you affiliated with?**

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