Directions to Obtain Your Summary Report New Jersey State Cancer Registry

The New Jersey Department of Health (DOH) is required by law (New Jersey Rev Stat § 26:2-105) to establish and maintain an up-to-date registry of cases of cancer and some benign and pre-cancerous diseases. Every New Jersey health care facility, physician, dentist, other health care provider and clinical laboratory is required to report these cases to the NJSCR (New Jersey Administrative Code §8:57A-1.4). For more information about the New Jersey State Cancer Registry, please visit our website at https://www.nj.gov/health/ces/reporting-entities/njscr/.

Cancer cases are required to be reported to NJSCR within six months of first contact. Then a Certified Oncology Data Specialist will process the files, which takes approximately 12 months. For this reason, we may not be able to provide data for patients diagnosed in the 18 months prior to today's date.

To obtain a SUMMARY REPORT of the information that is in the New Jersey State Cancer Registry, please complete the AUTHORIZATION FORM. The New Jersey State Cancer Registry has policies in place to protect the confidentiality of our data. Therefore, you must provide a photocopy of a valid photo identification along with this form when you are requesting a copy of your summary information. If a person calls or emails our office, we do not have a way to verify your identity. In order to protect confidentiality, you must send a valid form of identification to receive the summary report.

Requirements Checklist

- ✓ Completed Authorization form for NJSCR Summary Report →
- ✓ Photocopies of valid identification

Mail required documents to:
New Jersey State Cancer Registry
PO Box 369
Trenton, NJ 08625-0369

Your request cannot be processed until all required documents are received. If you have any questions, please contact us at (609) 633-0500. Thank you.

Acceptable Forms of Identification

Valid photo driver's license or photo nondriver's license with current address
or
Valid driver's license without photo and an alternate form of ID with current address
or
Two alternate forms of ID, one of which must show the current address
Alternate Forms of ID:

- Vehicle registration
- Vehicle insurance card
- Voter registration
- US/Foreign Passport
- Immigrant Visa
- Permanent Resident Card (Green card)
- Federal/State ID
- County ID
- School ID
- Utility bill(within the previous 90 days)
- Bank Statement (previous 90 days)
- W-2 or tax return for current or previous year

Rutgers Cancer Institute

NJHealth New Jersey Department of Health
New Jersey State Cancer Registry

Authorization to Release Health Information

I, _____ Date of Birth: _____
Patient Name

_____
Patient Address

authorize THE NEW JERSEY DEPARTMENT OF HEALTH to release to me the following health information at the above address:

Summary Report from the New Jersey State Cancer Registry

I understand this consent is voluntary and that I may revoke this authorization at any time (except to the extent that action based on this consent has already been taken) by written, dated and signed communication. This consent will remain in effect no more than ninety (90) days from the date I signed this consent.

I understand I may refuse to sign this authorization. If I refuse, the identified records will not be disclosed.

_____ _____
Patient Signature Date

_____
Phone Number

Mail this form and a valid form of identification to:
New Jersey State Cancer Registry
PO Box 369
Trenton, NJ 08625-0369

Rutgers Cancer Institute

NJHealth New Jersey Department of Health
New Jersey State Cancer Registry

New Jersey State Cancer Registry Summary Report

SAMPLE

Patient Demographics:

Name (Last, First, Middle Initial):	Date of birth:
Maiden (or other) name:	Sex:
Address*:	Race:
City, State, Zip:	Ethnicity:
County:	Phone number:
Vital Status:	Date of Death (if applicable):

*Address is address reported at the time of diagnosis

Cancer Summary: **

Please note, if more than one cancer has been provided to the NJSCR, you will receive a separate summary for each cancer.

Date of Diagnosis:	
Code:	*Description*:
Location in the body:	
Sequence Number:	
Behavior:	
Histology:	
Grade:	
Laterality:	
Stage:	
Tumor Size (mm)	
Other Characteristics^:	

** NJSCR Reportable conditions include some benign and pre-cancerous conditions, i.e. benign brain tumor. The complete reportable list can be found on our website: https://www.nj.gov/health/ces/documents/2026-njscr-reportable-list-4-17-26.pdf

^ Other characteristics include prognostic indicators when available for certain cancers, i.e. HER2 status for breast cancer.

Treatment Summary (*only first course is reported*):

This summary is based on the initial treatment reported to NJSCR only.

Initial Treatment Start Date ‡:	
Type of Treatment:	*Treatment Date:*
Surgery to treat this cancer:	
Chemotherapy:	
Radiation Therapy:	
Hormone Therapy:	
Other Therapy:	

‡This is the date the first treatment was administered, i.e. surgery, radiation and/or chemotherapy.