

Cancer Data Request Form

Please complete the following information. Please submit data requests early as it may take up to 2 weeks to complete.



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Salt Lake City, UT
84114-2107
Phone: 801-538-6204
Fax: 801-538-9030
www.cancerutah.org

TODAY'S DATE

DATE NEEDED

REQUESTED BY

Name:

Position/Title:

Organization:

Phone/Fax:

Internal Use Only

Date Received:	<input type="text"/>
Date Completed:	<input type="text"/>

DATA TYPE

- Cancer Screening - Behavioral Risk Factor Surveillance System
- Cancer Incidence - Utah Cancer Registry
- Cancer Mortality - Office of Vital Statistics
- Other - Specify:

AREA

- County Specify:
- Health District Specify:
- State Specify:
- U.S.

YEAR(S)

- Single Specify:
- Grouped Specify:

CANCER TYPE

- Breast
- Cervical
- Colorectal
- Lung
- Prostate
- Melanoma of the Skin
- Other

SEX

- Male
- Female
- Both

AGE GROUP(S) (optional)

Please explain your request in detail.

Need the data immediately?

Visit Utah's Indicator-Based Information System for Public Health at ibis.health.utah.gov/query.