

2011

To: Staff at CoC-Accredited Cancer Programs

From: Commission on Cancer (CoC)

Re: CoC Datalinks User Request Form



*A multidisciplinary program of the
American College of Surgeons*

This form is for CoC-accredited cancer programs to take the following actions:

- Add a new CoC Datalinks user in addition to the current facility staff with access
- Replace a staff person currently in a CoC Datalinks access role (i.e. Cancer Committee Chair, Cancer Program Administrator, etc.)
- Give an existing CoC Datalinks user access to your facility data (i.e. Consultant, Contracted CTR, etc.)

***Cancer Liaison Physicians (CLP) are not appointed using this form. Visit the CLP webpage for more information on the appointment process: <http://www.facs.org/cancer/coc/clpappoint.html>**

To submit this request form, complete the following steps:

1. Complete all sections of the request form below by either typing or writing clearly and legibly.
2. If the new user is replacing a current CoC Datalinks user, please indicate this by filling out Section 3.
3. The form must be signed by the current Cancer Program Administrator, Hospital Registrar, or the Cancer Committee Chair. **The form cannot be signed by the user requesting access, regardless of his or her title.**
4. Fax the form to 312/202-5009 or scan and email the signed form to CoCDatalinks@facs.org.

Section 4 – Access Type Definitions:

The following roles directly correlate to the cancer committee membership as listed in the Survey Application Record (SAR):

Cancer Program Administrator: Access to all Datalinks applications; cannot submit NCDB data

Cancer Committee Chair: Access to all Datalinks applications; cannot submit NCDB data

Hospital Registrar: Access to all Datalinks applications and NCDB Data Submission

Hospital CoRegistrar: Access to all Datalinks applications and NCDB Data Submission

The following roles are for cancer committee members and hospital staff *not* listed in the Survey Application Record (SAR):

Datalink Contact: Access to all Datalinks applications; cannot submit NCDB data

NCDB Tools User: Access only to NCDB reporting tools; cannot submit NCDB data

When you submit the attached form, you are also agreeing to the following:

- ✓ In the event of the termination of a user, it is the responsibility of the user or cancer program leadership to contact the CoC at CoCDatalinks@facs.org so we may immediately inactivate the user.
- ✓ CoC Datalinks User IDs and Passwords are assigned *per user* rather than per facility. **For security purposes and to protect facility data, User IDs and Passwords are not to be shared.** The CoC is not responsible for the unauthorized release or sharing of login information and data by any CoC Datalinks user.

Your request will be processed within two business days of receipt of the authorized request form. The new user will receive an email notification containing his/her log in information.

If you have any questions, please contact CoCDatalinks@facs.org.



CoC DATALINKS USER REQUEST FORM

This form can be faxed to 312/202-5009, or emailed to cocdatalinks@facs.org.

SECTION 1 – FACILITY INFORMATION

Facility ID Number (FIN): _____ Facility Name: _____

SECTION 2 – USER CONTACT INFORMATION

Name: _____ Credentials: _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone: (____) _____ Fax: (____) _____

Email Address (required): _____

SECTION 3 – REPLACING USER (IF APPLICABLE)

Name of current staff the new user is replacing: _____

Remove access of user being replaced (circle one)? YES NO

*If NO, please specify a new access role from the options listed in Section 4: _____

SECTION 4 – ACCESS TYPE (Definitions provided on page 1)

Select only one role:

- Cancer Program Administrator*
- Cancer Committee Chair*
- Hospital Registrar*
- Hospital CoRegistrar
- Datalink Contact
- NCDB Tools User

* Indicates only 1 staff person allowed per role

I have read the attached information and agree to the aforementioned specifications and implications related to adding the above individual as a CoC Datalinks user.

Name (please print): *Cancer Program Administrator / Cancer Registrar / Cancer Committee Chair*

Signature: *Cancer Program Administrator / Cancer Registrar / Cancer Committee Chair*

Please direct questions to Steffanye Hawbaker at cocdatalinks@facs.org, 312/202-5481, FAX: 312/202-5009