



**Request to Change Reference Year**

**Please FAX to (312) 202-5009**

**or**

**e-mail to [llandvogt@facs.org](mailto:llandvogt@facs.org)**

**Attention: Lisa Landvogt**

**Please allow up to 10 days for an e-mail response to your request**

Facility Name: \_\_\_\_\_

Facility ID (FIN) Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Current reference year: \_\_\_\_\_ Last completed abstract year: \_\_\_\_\_

Proposed new reference year: \_\_\_\_\_

Please list up to three (3) reasons for requesting change to your reference year:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Facility contact e-mail address for response: \_\_\_\_\_

Date request approved by Cancer Committee: \_\_\_\_\_

Authorized name (Chair, CLP, Administrator): \_\_\_\_\_

Authorized signature: \_\_\_\_\_