

# Oklahoma Central Cancer Registry Web Plus User Account Request Form

*Please Print Legibly*

Abstractor Name:					
Facility Name:					
Address:					
City:		State:		Zip:	
Phone ( )			Fax ( )		
User Function: Online Abstraction ( )			File Upload ( )		
Email address:					
<u>Facility Type (Please Circle One)</u>					
Hospital	ASC	Physician	Trmt Ctr	Path Lab	Other _____

**Authorization for Web Plus Use:**

Obtaining user access to Web Plus will provide your facility free access to the secure web-based application that is managed by the Oklahoma State Department of Health (OSDH) and the Oklahoma Central Cancer Registry (OCCR). Access to this system is granted only for the purposes of exchanging cancer cases between your facility and the OCCR. All records are considered confidential and all measures will be enforced to ensure the security of the Protected Health Information (PHI).

The above named facility will provide the abstractor access to computer equipment and electronic communications necessary to operate Web Plus. OCCR will periodically monitor the user's activities related to usage of Web Plus.

This facility will designate an abstractor for online abstraction or file uploading that will be responsible for the facility's Web Plus account. Upon receipt of the completed form, OCCR will send the UserID and password to the designated abstractor at the email address listed above.

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I certify that I am an authorized registrar/abstractor for the above named facility. I will not share my Web Plus UserID or password with anyone. I will notify OCCR of any facility or abstractor changes.

Abstractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form to: Oklahoma Central Cancer Registry; Attn: Paula Marshall  
1000 NE 10<sup>th</sup> Street, OKC, OK 73117  
Fax: (405) 271-6315; Phone: (405) 271-9444/ext: 57121**

