

**Data request form – National Cancer Registry - Sri Lanka**  
**National Cancer Control Programme**

*(Duly filled forms should be emailed to [nccpmohsl@gmail.com](mailto:nccpmohsl@gmail.com) with the subject line mentioned as “Cancer Registry Data Request” with all required documents as annexures.)*

Name of the applicant:	
Address:	
Telephone number:	
Email address:	
Designation:	
Institutional affiliation	

Purpose of the data request (Tick the appropriate box)

- Research
- Publication
- Improvement of patient care
- Administrative
- Other (Please specify) .....

If you are requesting data for research or publication purposes, please attach the following documents

- Research proposal
- Ethical clearance letter
- CV of the principal investigator
- Letters obtaining administrative clearance (If any)

If you are conducting the research as an academic requirement, please attach the following documents

- Approval letter for the research by the board of study or relevant authority
- If the principal investigator has not had previous research experience, a letter confirming the supervision by a supervisor with past research experience
- CV of the supervisor



If you are requesting data for the improvement of patient care or administrative purposes, write a brief description and justification of the project/ programme

Attach the following documents

- Project proposal
- Letters and documents of obtaining administrative clearance
- Ethical clearance letter (If available)

If you are requesting data for any other purposes, provide a brief description and justification of the purpose and outcome expected

I hereby agree to adhere to all terms and conditions by NCCP on sharing data and I will adhere to country's legal framework of the country and international ethical principles involving human research

Signature of the applicant: .....

Date: .....



**Data request specifications (for preparation of dataset)**

Indicate variables that you need to be included in the database

Age	
Birthday	
Sex	
Resident District	
Resident Divisional Secretariate	
Resident Grama Niladhari (GN) Division	
Occupation	
Ethnicity	
Religion	
Marital status	
Family history of cancers	
Relationship	
Cancer site	
Cancer site (Topography)	
Histology (Morphology)	
Behaviour of cancer	
Differentiation/ Grade of cancer	
Laterality of cancer	
Basis of diagnosis	
Incidence date	
TNM status	
Clinical staging/ risk categorization (for haematological malignancies)	
Treatment given	
Date of completion of treatment	
Last date of contact	
Status as of last contact date	
If multiple primaries are present	
Site	
Histology	
Date of diagnosis	
If recurrence present	
Site	
Date	

Indicate the period of data request (by years): .....

