**Project title**

|  |
| --- |
| Click or tap to enter text. |

|  |  |  |
| --- | --- | --- |
|[ ]  Baden-Wuerttemberg |[ ]  Hessen |[ ]  Saarland |
|[ ]  Bavaria |[ ]  Mecklenburg-Western Pomerania |[ ]  Saxony |
|[ ]  Brandenburg-Berlin |[ ]  Lower Saxony |[ ]  Saxony-Anhalt |
|[ ]  Bremen |[ ]  North Rhine-Westphalia |[ ]  Schleswig-Holstein |
|[ ]  Hamburg |[ ]  Rhineland-Palatinate |[ ]  Thuringia |
|[ ]  all Cancer Registries |

|  |
| --- |
| **Application number** – *to be completed by the Cancer Registry*:       |

1. **Information about the applicant**

*The applicant is responsible for data security and compliance with data protection regulations*

**Institution**

|  |
| --- |
| Click or tap to enter text. |

**Project manager or another authorized signatory**

|  |  |
| --- | --- |
| Title, Surname, First name(s) | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Telephone | Click or tap to enter text. |
| E-mail | Click or tap to enter text. |

**Contact person**

*(for clarification of questions regarding the application)*

|  |  |
| --- | --- |
| Title, Surname, First name(s) | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Telephone | Click or tap to enter text. |
| E-mail | Click or tap to enter text. |

1. **Persons involved**

**Cooperation partners**

|  |  |
| --- | --- |
| Institution 1 | Click or tap to enter text. |
| Title, Surname, First name(s) | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Telephone | Click or tap to enter text. |
| E-mail | Click or tap to enter text. |
| **Data processing (yes/no)** | **Select an item.** |

|  |  |
| --- | --- |
| Institution 2 | Click or tap to enter text. |
| Title, Surname, First name(s) | Click or tap to enter text. |
| Address | Click or tap to enter text. |
| Telephone | Click or tap to enter text. |
| E-mail | Click or tap to enter text. |
| **Data processing (yes/no)** | **Select an item.** |

1. **Project description**
	1. **Is it planned to merge the requested data with data from other institutions (record linkage)?**

|  |  |
| --- | --- |
| [ ]  yes, explanation: | Click or tap to enter text. |
| [ ]  no |

⇨ If yes, the methodological approach of the merging procedure should be discussed in more detail under 3.6 when describing the study design.

* 1. **Planned project duration**

|  |  |  |  |
| --- | --- | --- | --- |
| from | Click or tap to enter date. | until | Click or tap to enter date. |

* 1. **Please describe the scientific background of the project including references (max. 400 words).**

|  |
| --- |
| Click or tap to enter text. |

* 1. **Please describe the scientific question your project is addressing as well as hypotheses and project aims (max. 400 words).**

|  |
| --- |
| Click or tap to enter text. |

* 1. **Please describe your own preliminary work and, if applicable, cite own publications of relevance that contribute to an understanding of the project and/or the methodological approaches (max. 400 words).**

|  |
| --- |
| Click or tap to enter text. |

* 1. **Please describe the study design and planned scientific methods. If possible, also address statistical evaluation procedures and, if applicable, your sample size estimate (max. 400 words).**

|  |
| --- |
| Click or tap to enter text. |

* 1. **Please state the project financing.**

|  |
| --- |
| Click or tap to enter text. |

1. **Specification of the requested data set**
	1. **What kind of data would you like to request?**

*Please note that your selection may change after evaluation by the cancer registry. Moreover, not every cancer registry is authorized to provide all types of data. Further information on this and any additional documents required can be found in the application information sheet.*

[ ]  anonymized data [ ]  pseudonymized data

[ ]  personally identifiable data [ ]  cohort match

* 1. **Inclusion and exclusion criteria**

|  |  |
| --- | --- |
| years of diagnosis | Click or tap to enter text. |
| diagnoses\* | Click or tap to enter text. |
| age range | Click or tap to enter text. |
| gender | Click or tap to enter text. |
| region | Click or tap to enter text. |
| others | Click or tap to enter text. |

\*according to ICD-10 and/or ICD-O *(topography and morphology)*

[ ]  based on location of treatment [ ]  based on place of residence

[ ]  clinical counting method [ ]  epidemiological counting method

|  |  |
| --- | --- |
| exclusion criteria: | Click or tap to enter text. |

* 1. **Specification of required variables**

*Please specify the required variables according to the oncological basis dataset (oBDS) and the organ-specific modules. Therefore, please use Appendix 1 - Specification of Variables to select respective variables. In each section, please give a short explanation why the requested variables or groups of variables are needed.*

1. **Ethical and data protection aspects**
	1. **Is there a positive ethics vote for this project?**

[ ]  yes – Ethics committee(s): Click or tap to enter text.

[ ]  no

[ ]  no ethical vote nessecary

* 1. **Please describe the measures to ensure data security and data protection.**

|  |
| --- |
|[ ]  The applicant institution has a data protection officer / IT security officer: |
|  | Click or tap to enter text. |

|  |
| --- |
|[ ]  The applicant institution has a data security concept. Please attach. |
|[ ]  A data security concept is not available, but access control measures are described. |
|[ ]  The procedure for the secure transfer of data to the partners involved in the data processing is sufficient (as described). |
|[ ]  It is ensured that regular training is provided on the secure handling of data and that project participants take part in appropriate training. |
|[ ]  Consent has been obtained from individuals for personally identifiable data. |
|[ ]  Other measures are described in the supplement and attached. |

1. **Other topics**
	1. **What is the intended use of the results?**

*(e.g. scientific article, dissertation, thesis)*

|  |
| --- |
| Click or tap to enter text. |

* 1. **Further comments from the applicant**

|  |
| --- |
| Click or tap to enter text. |

* 1. **List of appendices**

**Appendix 1 – Specification of variables**

*If needed, please add further attachments to the application, e.g. study protocol, analysis plan. The additional documents do not replace the completion of the application form; the application form should be filled out sufficiently and completely to evaluate the project. Further attachment is only intended to provide additional information.*

|  |
| --- |
| Click or tap to enter text. |

**Declaration**

Telephone, written or electronic contact is associated with the storage and processing of any personal data you may have provided. The legal basis for this is Article 6(1)(e) of the European Union's General Data Protection Regulation (GDPR).

With your signature, you agree that we may pass on your personal data to the committees or external reviewers for the purpose of reviewing your application.

I hereby declare that I have taken note of and accept the state regulations on the use of cancer registry data. I agree that the institution and title of the project may be published on the websites of Cancer Registries.

|  |  |  |
| --- | --- | --- |
| Click or tap to enter text. |  |  |
| Place, date |  | Signature of project manager or another authorized signatory |