

New Jersey Department of Health
Cancer Epidemiology Services
PO Box 369
Trenton, NJ 08625-0369

REQUEST FOR
LEVEL A – AGGREGATE DATA

*** Required Fields**

*First Name: *Last Name:

Title:

Organization:

*Street Address:

*City, State, Zip:

*Telephone: Fax: Email:

*Please describe
the purpose for
this request:

*What will you
use this data for?

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Report | <input type="checkbox"/> Research (general) | <input type="checkbox"/> Media |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Research (project with NJSCR) | |
| <input type="checkbox"/> Personal Knowledge | <input type="checkbox"/> Other: _____ | |

Please specify the data you are requesting:

Cancer Incidence Cancer Mortality Other Statistic (specify):

Region: All NJ and/or Selected Counties (specify):

Diagnosis Year(s):

Cancer Site(s):

Ages: All Ages and/or Specific Age Group(s) (specify):

Sex: Race: Ethnicity:

Other Data (Histology, Stage, etc.):