



## DATA TRANSMITTAL FORM

### FACILITY INFORMATION

Name:	NPI:
Contact Person:	Phone Number:
E-Mail:	Date Uploaded/Faxed/Mailed:

*Facilities with no cases for a given month need to send a letter to the NCCR stating that there were no cases to report.*

### DATA INFORMATION

*Electronic reporting is required unless the requirement is waived by the Chief Medical Officer*

<b>Submission in Non-NAACCR format</b> <input type="checkbox"/> Paper <input type="checkbox"/> Excel (must be 97-2003 version) <input type="checkbox"/> Text <input type="checkbox"/> Disease Index <input type="checkbox"/> Other	File Name assigned by Web Plus (.bun): Year: Number of cases:
<b>Submission NAACCR format</b>	File Name: File Name assigned by Web Plus (.bun): Year: Number of cases:

### COMMENTS