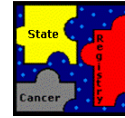




# Oklahoma Central Cancer Registry Web Plus User Account Request Form



Please Print Legibly

Abstractor Name:		
Facility Name:		
Address:		
City:	State:	Zip:
Phone (    )	Fax (    )	
User Function:	Online Abstraction (    ) Enter cases online directly into Web Plus	File Upload (    ) Upload Files of cases to Web Plus
Email address:		
<u>Facility Type (Please Circle One)</u>		
Hospital	ASC	Physician
Treatment 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.

-----

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. **By signing this form I agree that I will notify the Oklahoma Central Cancer Registry if I leave my position or no longer need access to Web Plus for the above named facility.**

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

**Please return form to:**  
**Center for Health Statistics**  
**Christy Dabbs**  
**Oklahoma State Department of Health**  
**123 Robert S Kerr Ave. STE 1702**  
**Oklahoma City, OK 73102-6406**

Fax: (405) 900-7604 | Phone: (405) 426-8012  
[christyd@health.ok.gov](mailto:christyd@health.ok.gov)

