

Dear Patient:

The Delaware Department of Health and Social Services requires our office, as well as all hospitals, clinical laboratories, and cancer treatment centers to report certain medical information on cancer patients in order to maintain the Delaware Cancer Registry.

A new part of the Delaware Cancer Control Act requires that patients be asked to fill out the enclosed form so that it can be submitted to the State of Delaware along with the other information that our office is already required to provide.

Please fill out the enclosed form only if:

- You are a Delaware resident, *AND*
- You have a cancer diagnosis

(You should not fill out the form if you live outside of Delaware or you have a non-cancer diagnosis).

Thank you for your cooperation.



**Delaware Cancer Registry
Division of Public Health
Additional Residence and Occupational Information**

Patient's Name: _____

Date of Birth: _____ Social Security Number: _____

Residence

1. Address at which the patient has lived for the longest period of time:

Street _____

City _____ State _____ Zip Code _____

2. Length of residency in Delaware _____ years _____ months

Occupation

For the occupation at which the patient has worked the longest period of time:

1. Nature of occupation (for example, secretary or engineer) _____

2. Name of employer _____

3. Address of employer:

Street _____

City _____ State _____ Zip Code _____

One copy of this form should be sent with the Non-Hospital Cancer Reporting Form to the Delaware Cancer Registry. By law, the other copy must be retained in the patient's medical record.

Please send form to:
Delaware Cancer Registry
2055 Limestone Road, Suite 213
Wilmington, DE 19808
Phone: (302) 995-8605 Fax: (302) 995-8250