



Louisiana Tumor Registry

Louisiana State University Health Sciences Center

Data Request Form

Requester Information

Name: _____ Institutional Affiliation: _____

Address: _____

Phone(s): _____ E-mail: _____

Description of Data

Geographic area: U.S. Louisiana

Parish(es): _____

Years: 2002-2006 1988-2006 Other: _____

Type(s) of cancer: _____

Statistics requested: Case counts Incidence rates per 100,000

Death counts Mortality rates per 100,000

Other information that will help in responding to your request: _____

Note: Confidential (case-specific) information cannot be provided.

At least six cases/deaths in a geographic unit are needed to calculate incidence/mortality rates.

Please fax this to 504/568-5800 or email to LTR-info@lsuhsc.edu