



INTERNATIONAL
ASSOCIATION
FOR THE STUDY
OF LUNG CANCER
Conquering Thoracic Cancers Worldwide



IASLC International Staging Project Database Account Request Form

Use this form to request Institution or User account. The first data user entry below is for the Principal Investigator and must be filled out for the form to be accepted. Please email the completed form to staging@iaslc.org and webhelpiaslc@crab.org.

Please indicate the project in which you would like to participate. If you are participating in multiple staging projects, please submit a separate form for each disease site.

Submitter Information

Please complete this section even if the individual submitting the form is also requesting a user account

Name

Title First Name Last Name

Institution Information

Institution Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Fax Number

Country Code Area Code Phone Number

Member of GCCB-II or GCCB-III Consortium?

Yes

No

Principal Investigator - Data Entry System User #1

Name

Title

First Name

Last Name

Data Entry System User #2

Name

Title First Name Last Name

Email

example@example.com

Data Entry System User #3

Name

Title First Name Last Name

Email

example@example.com

Data Entry System User #4

Name

Title First Name Last Name

Email

example@example.com

Data Entry System User #5

Name

Title First Name Last Name

Email

example@example.com

Data Entry System User #6

Name

Title First Name Last Name

Email

example@example.com



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IASLC International Staging Project Description of Site Cohort Form

Please indicate the project in which you would like to participate. If you are participating in multiple staging projects, please submit a separate form for each disease site.

Site number (if known)

Name of Institution

Proposed method of data entry

Online data entry

Data transfer

Method of case selection

Population-based sample: Population-based sample selection involving enhancement of a population-based cancer registry with the data elements required for this study. All patients diagnosed within the study period may be included or a random sample of the same.

Institution-based sample: Institution-based sample selection involving capture of information on all newly-diagnosed patients seen at the institution during the period of the study. May involve the use of an institution's tumor registry, enhanced with the data elements required for this study.

Clinical series: Involving the capture of information on an inception cohort of all newly-diagnosed patients presenting to a defined clinical service during the period of the study.

Other

If other, please describe:

Estimated number of new cases per year:

Additional Information

In the box provided, please describe the additional relevant information according to the instructions below, depending on the method of case selection employed.

If population-based, please describe the population coverage:

If institution-based, please describe the referral pattern:

If clinical series, please describe the clinical service, including all treatment modalities offered:

Data Transfers Only

Please complete the information below **ONLY** if this application is for data transfer

If this application is regarding a data set to be transferred, please complete the section below. If more than one data set is being transferred, please describe each data set separately, including any other important differences regarding patient selection.

Total patients, please designate patient totals by data set

Years of diagnosis, please designate years of diagnosis by data set

Other information regarding patient selection, please designate the information by data set