**Section 840.110 Information Required to be Reported**

a) A facility required to submit information shall report each cancer incidence and other tumorous and precancerous disease, as specified in this Section, to the Department.

b) This information to be reported shall be provided in a format as designated by the Department in electronic form. The electronic form must comply with the required standard. The facility tumor registrar or other person designated by the facility shall abstract information from the cancer patient's record. The information to be reported is divided into seven subject areas, each containing a particular set of information. The seven subject areas of the incidence report shall include the following:

1) Reporting Information – type of report being submitted, abstracter identification code and the date the abstract was submitted.

2) Patient Data and Resident Address − patient's full name (including maiden name, when applicable and available), Social Security number, telephone number, and residential address, including street address, city, county, state, and postal code.

3) Personal Data − patient's birthdate, age, sex, race, ethnicity, marital status, birthplace, history of tobacco and alcohol usage, history of occupation and industry, health insurance status and socio-economic status including, but not limited to, education and income.

4) Diagnosis Data − initial diagnosis date; diagnostic information; method of diagnosis; primary site; laterality; histology and behavior code; grade; stage of disease, including clinical and pathological extent of disease information; existence of other reportable primary diseases and date of diagnosis; first course cancer-directed therapy; and supporting text information for all diagnostic procedures, histology, primary site, staging and treatment.

5) Facility Data − facility identification number provided by the Department of Public Health, the medical record number, date of admission, type of reporting source, accession number (if available), case identification type, discharge date and status, class of case, and name and Illinois medical license number of attending physician.

6) Follow-Up Data − date of last follow-up or death, follow-up status, type of follow-up, names of follow-up physicians, cause of death, whether patient information is incomplete, and names and Illinois medical license numbers of managing and treating physicians.

7) Text Documentation – description of the primary site, histology, diagnostic test results, staging, pathology results and treatment information.

c) Each patient's cancer report form shall be sent within six months after the date of diagnosis or within four months after the date of discharge from the reporting facility, whichever is sooner. Reporting facilities shall report by letter to the Department, each year by July 1, the status of the completeness of reporting of cancer incidence cases diagnosed through December of the preceding year.

d) Every hospital, clinical laboratory, ambulatory surgical treatment center, independent radiation therapy center, independent pathology laboratory, reference pathology laboratory, nursing home, physician's office and other diagnostic or treatment facility shall provide the Department or entities authorized to represent the Department with access to information from all medical, pathological, and other pertinent records and logs related to cancer diagnosis, treatment and follow-up for the purpose of quality control, rapid case ascertainment, patient follow-up and death certificate clearance. (See Section 10 of the Act.)

e) Every hospital, ambulatory surgical treatment center, clinical laboratory, independent radiation therapy center, independent pathology laboratory, reference pathology laboratory, nursing home, physician's office and other diagnostic or treatment facility shall provide access to information from all medical, pathological, and other pertinent records and logs related to cancer diagnosis and treatment for the purpose of patient record review specified for research studies or for rapid case ascertainment related to cancer prevention and control conducted by the Department and that have been approved after appropriate review by the Department for assuring protection of human subjects. (See 42 CFR 2a.4(a)-(j), 2a.6(a)-(b), 2a.7(a)-(b)(1).)

(Source: Amended at 40 Ill. Reg. 13397, effective September 12, 2016)