

# Cancer Inquiry Intake Form

Form Approved  
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This intake form is designed to assist your State, Tribal, Local, or Territorial (STLT) health department in collecting standardized information when you receive an inquiry about unusual patterns of cancer and environmental concerns. For further information, please reference CDC/ATSDR's "Guidelines for Examining Unusual Patterns of Cancer and Environmental Concerns."

## SECTION A: TRACKING INFORMATION

What is the tracking number?

What date was the inquiry made?

How did the inquirer initially make contact?

☐ Phone ☐ Email ☐ In-Person ☐ Mail ☐ Other

How did the inquirer initially make contact?

What staff member answered the initial inquiry?

☐ Staff 1 ☐ Staff 2 ☐ Staff 3

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

## SECTION B: INQUIRER'S INFORMATION

Title:

First name:

Last name:

Mailing address:

City, town, village, or township:

Zipcode:

Phone number:

Email address:

Preferred method of communication:

- ☐ Phone ☐ Email ☐ In-Person ☐ Mail ☐ Other

What is the inquirer's preferred method of other communication?

For future communication, what day and time works best for the inquirer?

## SECTION C: AREA OF CONCERN

Define the geographic area of concern.

- |   |                                 |
|---|---------------------------------|
| <input type="radio"/> City or Town or Village or Township | <input type="radio"/> School    |
| <input type="radio"/> County                              | <input type="radio"/> Workplace |
| <input type="radio"/> Neighborhood                        | <input type="radio"/> Other     |

What is the the other geographic area of concern?

What is the county of the area of concern?

What is the ZIP code for the area of concern?

Please list additional notes about the area of concern. (If applicable, please include the name of the city/town/village, township, school, or neighborhood, etc.)

## SECTION D: CANCER OF CONCERN

What type(s) of cancer are reported?

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Bladder           | <input type="checkbox"/> Bone Tumor          | <input type="checkbox"/> Brain and other Nervous System   | <input type="checkbox"/> Breast                  |
| <input type="checkbox"/> Colorectal        | <input type="checkbox"/> Esophagus           | <input type="checkbox"/> Hodgkin Lymphoma                 | <input type="checkbox"/> Kidney and Renal Pelvis |
| <input type="checkbox"/> Laryngeal         | <input type="checkbox"/> Leukemia            | <input type="checkbox"/> Liver and Intrahepatic Bile Duct | <input type="checkbox"/> Lung and Bronchus       |
| <input type="checkbox"/> Melanoma          | <input type="checkbox"/> Mesothelioma        | <input type="checkbox"/> Multiple Myeloma                 | <input type="checkbox"/> Non-Hodgkin Lymphoma    |
| <input type="checkbox"/> Non-Melanoma Skin | <input type="checkbox"/> Oral and Pharyngeal | <input type="checkbox"/> Ovarian                          | <input type="checkbox"/> Pancreatic              |
| <input type="checkbox"/> Retinoblastoma    | <input type="checkbox"/> Soft Tissue Sarcoma | <input type="checkbox"/> Stomach                          | <input type="checkbox"/> Testicular              |
| <input type="checkbox"/> Thyroid           | <input type="checkbox"/> Uterine             | <input type="checkbox"/> Unknown                          |  |
| <input type="checkbox"/> Other             | specify other cancer: <input type="text"/>   |   |  |

How many cases of cancer are being reported?  
(Please indicate the number of cases for each cancer type reported.)

What year were the cancer cases diagnosed?

Is the given year of diagnosis an estimate or an exact year?

- ☐ Estimate ☐ Exact

Are the cancer cases adult, pediatric, or both?

- ☐ Adult ☐ Pediatric ☐ Both

Please describe any other information mentioned regarding the cancer of concern.

(This includes, but is not limited to, who has the cancer of concern (i.e. self, neighbor, relative, co-worker, patient).)

## SECTION E: EXPOSURE OF CONCERN

Was an environmental concern mentioned?

What is the pollutant, contaminant, or environmental toxicant of concern?

☐ Perfluoroalkyl Substances

☐ Trichloroethylene

☐ Ethylene Oxide

☐ Radon

☐ Asbestos

☐ NDMA (N-nitrosodimethylamine)

☐ Benzene

☐ Arsenic

☐ Formaldehyde

☐ Vinyl Chloride

☐ Unknown

☐ Other

specify other pollutant, contaminant, or toxicant of concern

Describe the environmental concern:

Is the environmental concern related to any of the listed location types?

☐ Superfund site (State)

☐ National Priorities List (NPL) Superfund site

☐ Brownfield site

☐ Landfill

☐ Industry site

☐ Military base

☐ Other

specify other location type related to the environmental concern

## SECTION F: STAFF ACTION AND FOLLOW-UP

What was the staff member's action and response?

What staff member responded to the inquiry?

☐ Staff 1   ☐ Staff 2   ☐ Staff 3

What is the proposed staff response follow-up date?

Was the follow-up completed?

▼

What date was the follow-up completed?