

# Georgia Center for Cancer Statistics

## CANCER DATA REQUEST

[Home](#)

Your Name:

Organization:

Address:

City:

State:

Georgia

Zipcode:

Area Code

Phone number

Phone:

( )

Area Code

Fax number

Fax:

( )

Email:

Purpose of Data  
(how it will be  
used):

### Data Source

Select source of data and then select the desired counties from those available .

Source of data	Available Counties	Selected Counties
Metro Atlanta SEER Rural SEER State of Georgia		

Include in situ cases? YES

Atlanta SEER covers diagnosis from 1975-most current complete year.  
Rural SEER covers diagnosis from 1978-most current complete year.  
State of Georgia covers diagnosis from 1999-most current complete year.

Diagnosis year(s)  
required:

Please specify details of the data requested. Include information regarding requested cancer site(s), age, race, sex, ethnicity, etc. Also provide specifics regarding desired data output (rates, counts, frequencies, etc.)

Please specify data requested (be specific):

Please note:

We require at least two weeks turnaround time for most requests. Only non-confidential data will be released. We can fax, e-mail or mail the results of your request. Unless you state otherwise, results will be emailed. A fee may be charged if the request involves excessive work on the part of our staff. You will be notified in advance if the request is subject to any fees. All requests are subject to approval by GCCS co-directors.

