Before completing this attachment, review the Texas Cancer Registry’s (TCR’s) [Data Linkages Webpage](https://www.dshs.texas.gov/texas-cancer-registry/data-requests-tcr/research-data/data-linkages).

## **Linkage Information**

1. What is the source of data to be linked with TCR data? Click to enter text.
2. Who will conduct the linkage?

[ ]  TCR [ ]  Other (Specify: Click to enter text.)

**If Other—**

* 1. Who will receive and retain the crosswalk file[[1]](#footnote-1)? Click to enter text.
	2. Is a data use agreement in place? Click to enter text.
1. How many records are expected to be submitted for linkage? Click to enter text.
2. What is the anticipated frequency of data linkages (e.g., one time, annually, etc.)? Click to enter text.
3. After IRB approval, when are records expected to be submitted for linkage? Click to enter text.
4. For each data item listed below, indicate what percent of the researcher’s records contain the item:

|  |  |
| --- | --- |
| **Data Item** | **% of Records** |
| First Name |  Click to enter text. |
| Last Name |  Click to enter text. |
| Social Security Number |  Click to enter text. |
| Date of Birth |  Click to enter text. |
| Sex |  Click to enter text. |
| Street Address |  Click to enter text. |
| City  |  Click to enter text. |
| Zip Code |  Click to enter text. |
| Middle Name |  Click to enter text. |
| Birth Surname (Maiden Name) |  Click to enter text. |

## **Adherence to Guidelines**

Initial each item listed below:

|  |  |
| --- | --- |
|        | The PI has reviewed the expectations for data linkage requests and identified a TCR staff member to conduct the linkage and serve as a collaborator. The TCR staff member is listed on the Research Team Log. |
|        | Unless otherwise specified and approved by TCR, data files will be sent to TCR as ASCII fixed width files in the format indicated on our [Data Linkages Webpage](https://www.dshs.texas.gov/texas-cancer-registry/data-requests-tcr/research-data/data-linkages).  |
|        | Duplicate records have been removed from the file that will be sent to TCR to be linked. |
|        | In the *Data Item Selection* table of the *TCR Confidential Data Request Form*, all variables needed for linkage are checked off, and include “for linkage purposes only” as the justification. |
|        | Each record includes, at a minimum, the following information:First Name, Last Name, Social Security Number, Date of Birth, Sex **-*OR-***First Name, Last Name, Date of Birth, Sex, Street Address, City, Zip Code  |

If available, please include additional personally identifiable information, such as birth surname (maiden name) and middle name/initial.

1. The crosswalk filelinks patient identifiers from different datasets. [↑](#footnote-ref-1)