

**PENNSYLVANIA CANCER REGISTRY  
TRANSMITTAL FORM**

FACILITY NAME: \_\_\_\_\_

PCR 4-DIGIT IDENTIFICATION NUMBER: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

NUMBER OF CHANGE RECORDS: \_\_\_\_\_

NUMBER OF NEW RECORDS: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For Pennsylvania Cancer Registry Use Only

**Date and initial each function:**

Web+: \_\_\_\_\_

Log/PA+: \_\_\_\_\_ File #'s: \_\_\_\_\_ - \_\_\_\_\_

P+ File Name: \_\_\_\_\_

P+: \_\_\_\_\_ #Held: \_\_\_\_\_

P+ Bundle Name(s): \_\_\_\_\_ #Rejected: \_\_\_\_\_

#Rebundled: \_\_\_\_\_