**Maryland Cancer Registry**

**Facility Modification Form**

[www.qadm-mcr.com](http://www.qadm-mcr.com)

Please complete the following information to update information for your facility to the Maryland Cancer Registry (MCR). When you complete the information, please fax or mail to the MCR vendor at:

Myriddian, LLC-MCR

6711 Columbia Gateway Drive, Suite 475

Columbia, MD 21046

Fax: 240-833-4111

MCR@myriddian.com

For questions, contact Sonja Jennings at 410-344-2851. Thank you.

|  |  |
| --- | --- |
| **\*Facility Name:** |  |
| **MCR Reporting Facility ID Number (assigned by MCR):** |  |
| **Facility Mailing Address 1:** |  |
| **Facility Address 2:** |  |
| **Room or Suite Number:** |  |
| **\*Facility City** |  |
| **\*Facility State** |  |
| **\*Facility Zip Code** |  |
| **\*Facility Phone** |  |
|  **Facility Phone Extension:** |  |
| **\*Facility Fax:** |  |
|  **Registry Software Used:** |  |
| **\*Facility Type** |  |

\*Required fields

Revised 06/04/2019

Please provide information about the contact (s) you want to add, delete, or modify as a reporter to the MCR in the following section:

 **Add** **Delete** **Modify**

|  |  |
| --- | --- |
| Contact 1 |  |
| \*Reporter Name: |  |
| Reporter Title: |  |
| \*Reporter Phone: |  |
| Reporter Phone Ext.: |  |
| Reporter Type: | Main ReporterAdditional ReporterSupervisorCEO/Manager |

 **Add** **Delete** **Modify**

|  |  |
| --- | --- |
| Contact 2 |  |
| \*Reporter Name: |  |
| Reporter Title: |  |
| \*Reporter Phone: |  |
| Reporter Phone Ext.: |  |
| Reporter Type: | Main ReporterAdditional ReporterSupervisorCEO/Manager |

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