**NAACCR Standards**

**Request for Change Form**

**Existing Data Items**

**Date of MLTG submission for MLTG review:**

**Date of MLTG review/approval:**

**Data Item Name**:

**Data item Number:**

**Request type**:

\_\_\_\_Request for codes for existing data item

\_\_\_\_Request to add additional schemas for existing SSDIs

\_\_\_\_Other (describe)

**Description of proposed change**:

**Rationale for proposed change:**

**Organization(s)/Work Groups supporting the proposed change**:

\_\_ AJCC

\_\_CoC

\_\_CCCR

\_\_NAACCR

\_\_NPCR

\_\_SEER

\_\_SSDI WG

**Contact person for proposal**:

**Contact email**:

**Proposed effective date**:

**Discuss any potential implications for registry software, operations and edits.**

**TEHNICAL SPECIFICATIONS**

**XML parent element (Defines the nested structure of a NAACCR XML data exchange document):**

 **\_\_NAACCR Data**

 **\_\_Patient**

 **\_\_Tumor**

**Allowable values and format**:

**Revised codes and coding instructions, pending UDS review (if applicable):**

**List of additional schemas (if applicable):**