



# CRStar Client Update Form

ERS # \_\_\_\_\_

Date: \_\_\_\_\_

*To be filled out by the Cancer Registry Supervisor. Please return the completed form to your CRStar representative.*

## Registry Supervisor / Manager Information

Name	
Title	
Email Address	
Phone Number	
Name of Health System / Hospital	
Cancer Registry Mailing Address (#, Street & Suite)	
Cancer Registry Mailing Address (City, State & Zip)	

## Billing Information (please let us know where we need to send your invoices)

Name	
Email Address	
Please only fill the remaining fields if you wish to receive mailed invoices via USPS	
Name of person to receive invoice	
Invoice Mailing Address (#, Street & Suite)	
Invoice Mailing Address (City, State & Zip)	

## Legal Information (please tell us where to send legal documents - i.e. contract renewals, addendums, etc.)

Name:	
Email Address:	

## Please provide information for the following individuals

	Name	Email Address	Phone #
Director – Oncology Division:			
Director – Oncology Clinical Leadership:			
Oncology IT Specialist:			

## Please provide the names of all employees who have been granted System Admin permissions in CRStar




