1976

10.01 Association of American Cancer Institutes (AACI) General, 1976

Office of the President
The University of Texas MD Anderson Cancer Center

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**REQUEST FOR PRINTING**

**Date:** 12-2-76  
**Institution:** MD  
**Building:** Pru.  
**Room:** 846  
**Extension No.:** 3999  

**Department or Grant to be Charged:** Office of the President  
**Account No.:**  

**No. Copies:** 150  
**Name of Form:** Letter to AACI Members for Meeting - January 9-11, 1977  
**NOTE:** Please attach sample copy.

**Person Placing Order:** Joanne Hale

**Approved - Department Head:**  

### Composition Instructions

- **PSF No.:**  
- **NEW FORM**  
- **OLD FORM**  
- **REVISION OF OLD FORM**  
- **REPLACING OLD FORM**  
- **TO BE PERMANENT FORM**  
- **SUBMIT PROOF**

### Printing Instructions

- **Color Ink:** Black  
- **Color Stock:** White  
- **Type:** [ ] Bond [ ] OUT Bond [ ] Book  
- **Carbonless**  
- **Envelope**  
- **Cover**  
- **Index**  
- **Other**

  **First Page on:** Letterhead  
  **Finished Size:** 8 1/2 "W X 11" L.  
  **Print:** [ ] ONE SIDE [ ] TWO SIDES  
  [ ] STOCK Furnished by Dept.

### Bindery Instructions

- [ ] Collate  
- [ ] Staple  
- [ ] Fold  
- [ ] Perforate  
- [ ] Score  
- [ ] Round Corner  
- [ ] Drill (_______ holes)  
- [ ] Pad (_______ to a Pad/Set)  
- [ ] Bind:  
  - [ ] Plastic  
  - [ ] Perfect  
  - [ ] Signature

### Special Instructions

**Print Shop:**  

**DISTRIBUTION:**

- Please use letterhead that has Dr. Clark's name on it (sample attached)

**Delivery Required by:** Noon - Dec. 3 if possible

**NOTE:** Do not use Rush or as soon as possible. State Time and Date Delivery Required.

**FOR PRINT SHOP USE ONLY**

**NOTE:**

- Do not remove this copy. This is a reference copy for your use and will be returned when control number has been assigned.

- When inquiring about this request, please refer to this number when calling the Print Shop.

- Receipt of this reference copy does not indicate that your form has been completed. You will receive another copy of this request showing charges when your form has been completed and delivered.

**REQUEST NO.:** 77105

**Date Recd.:**  

**Approved:**  

**REFERENCE COPY - REQUESTING DEPARTMENT**
II. TASK DESCRIPTIONS

This section of the plan contains a description of each of the twelve task categories:

1. Accounting, Financial, Budgetary, and Administrative Practices
2. Data Processing Requirements
3. Nomenclature, Classification, Staging, and End-Results Reporting Systems
4. Medical Records and Registry Systems
5. Epidemiology (Analytical and Descriptive) and Biostatistics Information Systems
6. Organization
7. Cancer Literature and Retrieval Systems
8. Patient Management and Planning Techniques
10. Clinical Research (includes cooperative studies and clinical trials)
11. Medical Education, Curricula, and Cooperative Programs
12. Cancer Control
It seems so much of the mail we are receiving from NCE lately relates to the AACI 12 tasks, although the name AACI is not mentioned. I discussed with BJK and she said this will be increasing in the next two years with RFP's, etc. for these tasks and I will be cross-referencing various materials to my "AACI task" files.

I thought perhaps you would like to have a copy of the 12 tasks handy for reference when reviewing the mail.

JH
10/4
THE UNIVERSITY OF TEXAS
ANDERSON HOSPITAL AND TUMOR INSTITUTE

MAILING INSTRUCTION FORM

Date April 28, 1976

To: Mail Room

Request that the accompanying Envelopes (5) containing
Brochures , valued at $_______ be shipped

To: Dr. E. A. Mirand

NAME

Roswell Park Memorial Institute
666 Elm
Buffalo, New York 14263

STREET
CITY

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

☐ AIR MAIL
☐ AIR PARCEL POST
☐ BOOK RATE
☐ BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
☐ CERTIFIED MAIL
☐ RETURN RECEIPT REQUESTED
☐ FIRST CLASS
☐ INSURED
☐ LIBRARY RATE
☐ PARCEL POST
☐ REGISTERED
☐ RETURN RECEIPT REQUESTED
☐ SPECIAL DELIVERY

Signature

DEPARTMENT
AACI Fund for Mis. Exp. # 188386

(FOR MAIL ROOM USE ONLY)

Charges __1.65____ Insured No. _______

Date Received __4-28-76____ Date Shipped __4-28-76___
MAILING INSTRUCTION FORM

Date April 30, 1976

To: Mail Room

Request that the accompanying Box containing Brochures, valued at $________ be shipped

To: Dr. E. A. Mirand

NAME

Roswell Park Memorial Institute,
666 Elm Street
Buffalo, New York 14263

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

☐ AIR MAIL
☐ AIR PARCEL POST
☐ BOOK RATE
☐ BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
☐ CERTIFIED MAIL
☐ RETURN RECEIPT REQUESTED
☐ FIRST CLASS
☐ INSURED
☐ LIBRARY RATE
☐ PARCEL POST
☐ REGISTERED
☐ RETURN RECEIPT REQUESTED
☐ SPECIAL DELIVERY

Signature

DEPARTMENT AACI Misc. Account # 138386

(FOR MAIL ROOM USE ONLY)

Charges 808 Insured No. KT

Date Received ___________ Date Shipped ___________
To Clark

I would like to have five copies of "A plan for Cooperative Action among Cancer Institutes" to be delivered to the members of the by-laws Committee for the Latin American Association of Cancer Institutes.

Dr. E. CACERES.
Lima - Peru

3-29. Mailed 5 copies
Sent AACI Comprehensive Plan to:

Virgie McGuffee - Dept. Epidemiology, MDA
Dr. Jonathan E. Rhoads - NCAB
Dr. Harold Amos - NCAB
Dr. William O. Baker - NCAB
Mr. Elmer H. Bobst - NCAB
Dr. Frank J. Dixon - NCAB
Dr. G. Denman Hammond - NCAB x
Dr. Werner Henle - NCAB
Dr. John R. Hogness - NCAB
Mr. Donald E. Johnson, Sr. - NCAB
Mrs. Mary Lasker - NCAB
Dr. Irving M. London - NCAB
Dr. Gerald F. Murphy - NCAB x
Dr. Joseph H. Oquinn - NCAB
Dr. William E. Powers - NCAB
Mr. Laurence S. Rockefeller - NCAB
Dr. Philippe Shubik - NCAB
Dr. Howard E. Skipper - NCAB

Ex-Officio Members
Dr. H. Guyford Stever - NCAB
Dr. John D. Chase - NCAB
Dr. James R. Cowan - NCAB
Honorable David Mathews - NCAB
Dr. Donald S. Fredrickson - NCAB

Alternates
Dr. Edward J. Burger, Jr. - NCAB
Dr. Lyndon B. Johnson - NCAB
Colonel James L. Hansen, MC USA

Executive Secretary
Dr. Richard A. Talamo

President's Cancer Panel
Mr. Benno C. Schmidt - PCP
Dr. R. Lee Clark - PCP x
Dr. Ray D. Owen - PCP

Combined Departmental Staff MDA
Amparan, Mr. Oscar L. - Administration
Anderson, Mr. David - Biology
Baldwin, Mr. E. Lynn - Medical Communications
Blumenschim, Dr. George R. - Education
Bowen, Dr. James M. - Virology
Boyd, Mr. Joe E. - Administration
Bush, Mr. John R. - Development Office
Clark, Dr. R. Lee - President x
Copeland, Dr. Murray M. - VP Univ. Cancer Foundation x
Cumley, Dr. Russell W. - Publications & Information
Davis, Mr. Brian W. - Administration
Derrick, Dr. William S. - Anesthesiology
Dodd, Dr. Gerald D. - Diagnostic Radiology
Fleectcher, Dr. Gilbert H. - Radiotherapy
Freireich, Dr. Emil J. - Developmental Therapeutics
Gillery, Mr. E. R. - Business Office
Goff, Ms. Frances E. - Special Projects
Griesser, Mr. R. A. - Physical Plant
Guinee, Dr. Vincent F. - Epidemiology

Gun, Dr. Albert - Hospitals
Haas, Dr. Felix L. - Office of Research
Harvin, Miss Marie - Library
Hickey, Dr. Robert C. - Director
Hilkemeyer, Miss Renilda - Nursing
Hill, Dr. C. Stratton - Clinics
Howe, Dr. Clifton D. - Hospitals
Jardine, Dr. John H. - Experimental Animals
Mr. Glenn Johnson - Administration
Johnston, Ms. Lisa - Publications & Information
Kennedy, Dr. Joseph P. - Environmental Science Park
Kleifgen, Mr. Arthur F. - Anderson-Mayfair, PRS
Knotts, Dr. Glen - Publications & Information
Kolenda, Mrs. B. J. - Research Analyst, Ofc. of Pres.
Leon, Mr. Patrick A. - Asst. to the Pres.
Lowrey, Mrs. Marion - Asst. to the Pres.
McCay, Miss Joan - Publications & Information
Moreton, Dr. Robert D. - VP for Prof. & Public Affairs
Peters, Mr. John D. - Administration
Painter, Dr. Joseph T. - Medicine
Rawson, Dr. Rulan W. - Director, Extramural Program
Rutherford, Mr. Warren L. - Administration
Rutledge, Dr. Felix H. - Gynecology
Shalek, Dr. Robert J. - Physics
Shoff, Mr. William B. - Administration
Shullenberger, Dr. C. C. - Medicine
Smith, Dr. J. Leslie - Pathology
Sproull, Mr. Donald L. - Personnel
van Eys, Dr. Jan - Pediatrics
Villanueva, Dr. Raul - Rehabilitation
Ward, Dr. Darrel N. - Biochemistry
White, Dr. Edgar C. - Surgery
Zimmerman, Dr. Stuart O. - Biomathematics
Bodey, Gerald - Developmental Therapeutics
Arthaud, Bradley - Epidemiology
Brown, Barry - Biomathematics
Russell, William - Biomathematics
Gehan, Edmund - Biomathematics
Wallace, Sidney - Diagnostic Radiology
Bane, Catherine - Nursing

6 Copies to Ms. Joan L. Horowitz - The Fox Chase Cancer Center

NCS - Board of Directors 105
  Volunteer Officers 12
  National Paid Office Staff 4

AACI Officers 3
AACI Board of Directors 7
AACI Member Institutes (Directors) 40
All AACI Task Chairman and Committee 190

NCI - Dr. Rauscher
  Dr. Newell
  Mr. Sherbert

NCI Task Representatives 15

Curt Reimann = Executive VP - Texas NCI
MAILING INSTRUCTION FORM

To: Mail Room

Request that the accompanying 3 Envelopes containing BOX, CARTON, LETTER, etc. Printed material ________, valued at $________ be shipped

To: Dr. G. P. Warwick, International Union Against C ancer

P. O. Box 400

1211 Geneva 2, Switzerland

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

☐ AIR MAIL
☒ AIR PARCEL POST
☐ BOOK RATE
☐ BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
☐ CERTIFIED MAIL
☐ RETURN RECEIPT REQUESTED

☐ FIRST CLASS
☐ INSURED
☐ LIBRARY RATE
☐ PARCEL POST
☐ REGISTERED
☐ RETURN RECEIPT REQUESTED
☐ SPECIAL DELIVERY

Signature: Jonna Hale

DEPARTMENT: AACI Fund for Mis. Exp. # 188386

Charges 31.29

Date Received ___________ Date Shipped 2-19-76
MAILING INSTRUCTION FORM

Date February 13, 1976

To: Mail Room

Request that the accompanying ___________ containing
____________, valued at $________ be shipped

To: AACI Board of Directors
NAME ____________________________
STREET ___________________________
CITY ____________________________

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

□ AIR MAIL
□ AIR PARCEL POST
□ BOOK RATE
□ BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
□ CERTIFIED MAIL
□ RETURN RECEIPT REQUESTED

□ FIRST CLASS
□ INSURED
□ LIBRARY RATE
□ PARCEL POST
□ REGISTERED
□ RETURN RECEIPT REQUESTED
□ SPECIAL DELIVERY

SIGNATURE ____________________________

DEPARTMENT AACI FUND FOR MISCELLANEOUS #188386

(FOR MAIL ROOM USE ONLY)

Charges ________ Insured No. ________

Date Received ___________ Date Shipped ___________
THE UNIVERSITY OF TEXAS
M.D. ANDERSON HOSPITAL AND TUMOR INSTITUTE
MAILING INSTRUCTION FORM

Date 2-13-76

To: Mail Room

Request that the accompanying Box/Envelopes containing

BOX, CARTON, LETTER, ETC., valued at $________ be shipped

To: Various AACI Members and Associates

NAME

STREET

CITY

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

VIA

□ AIR MAIL
□ AIR PARCEL POST
□ BOOK RATE
□ BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
□ CERTIFIED MAIL
□ RETURN RECEIPT REQUESTED

□ FIRST CLASS
□ INSURED
□ LIBRARY RATE
□ PARCEL POST
□ REGISTERED
□ RETURN RECEIPT REQUESTED
□ SPECIAL DELIVERY

Signature ____________________________________________

DEPARTMENT AACI Fund for Misc. Exp. #188386

(FOR MAIL ROOM USE ONLY)

Charges $181.25 Insured No. 32

Date Received 2-13-76 Date Shipped 2-13-76
THE UNIVERSITY OF TEXAS
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE

MAILING INSTRUCTION FORM

To: Mail Room

Date 2-11-76

Request that the accompanying 15 packages/ containing BOX, CARTON, LETTER, ETC., valued at $ ______________ be shipped

To: Various AACI Members & Associates

Note: All shipments should be properly addressed by Sender.

(Check appropriate space)

VIA

☐ AIR MAIL
☐ AIR PARCEL POST
☐ BOOK RATE
☐ BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
☐ CERTIFIED MAIL
☐ RETURN RECEIPT REQUESTED
☐ FIRST CLASS
☐ INSURED
☐ LIBRARY RATE
☐ PARCEL POST
☐ REGISTERED
☐ RETURN RECEIPT REQUESTED
☐ SPECIAL DELIVERY

Signature __________________________

Department Office of the President

(FOR MAIL ROOM USE ONLY)

Charges 190.99 Insured No. 2-4-75

Date Received 2-4-75 Date Shipped 2-4-75
THE UNIVERSITY OF TEXAS
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE

MAILING INSTRUCTION FORM

Date 2-9-76

To: Mail Room

Request that the accompanying Box - Packages containing
BOX, CARTON, LETTER, ETC.
printed matter , valued at $________ be shipped

To: Various AACI Members

NAME
STREET
CITY

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

☐ AIR MAIL
☐ AIR PARCEL POST
☐ BOOK RATE
☐ BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
☐ CERTIFIED MAIL
☐ RETURN RECEIPT REQUESTED
☐ FIRST CLASS
☐ INSURED
☐ LIBRARY RATE
☐ PARCEL POST
☐ REGISTERED
☐ RETURN RECEIPT REQUESTED
☐ SPECIAL DELIVERY

SIGNATURE

DEPARTMENT AACI Fund for Misc, Exp, #188386

(FOR MAIL ROOM USE ONLY)

Charges 45.03 Insured No. 
Date Received 2-9-76 Date Shipped 2-10-76
THE UNIVERSITY OF TEXAS
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE

MAILING INSTRUCTION FORM

Date January 20, 1976

To: Mail Room

Request that the accompanying letters containing
BOX, CARTON, LETTER, ETC., valued at $_________ be shipped

To: AACI Members

NAME

STREET

CITY

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

AIR MAIL
AIR PARCEL POST
BOOK RATE
BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
CERTIFIED MAIL
RETURN RECEIPT REQUESTED
FIRST CLASS
INSURED
LIBRARY RATE
PARCEL POST
REGISTERED
RETURN RECEIPT REQUESTED
SPECIAL DELIVERY

SIGNATURE ____________________________

DEPARTMENT AACI Fund for Miscellaneous Expense #188386

( FOR MAIL ROOM USE ONLY )

CHARGES $16

INSURED No. 45

DATE RECEIVED Date Shipped 1/31/76
THE UNIVERSITY OF TEXAS
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE

MAILING INSTRUCTION FORM

Date January 16, 1976

To: Mail Room

Request that the accompanying Letters containing
BOX, CARTON, LETTER, ETC., valued at $__________

AACI Members

To:

NAME ______________________________________
STREET ______________________________________
CITY ______________________________________

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

ART MAIL
AIR PARCEL POST
BOOK RATE
BOOK RATE (BETWEEN NON-PROFIT ORGANIZATIONS)
CERTIFIED MAIL
RETURN RECEIPT REQUESTED
FIRST CLASS
INSURED
LIBRARY RATE
PARCEL POST
REGISTERED
RETURN RECEIPT REQUESTED
SPECIAL DELIVERY

SIGNATURE ______________________________________
DEPARTMENT AACI Fund for Miscellaneous Expenses #188386

( FOR MAIL ROOM USE ONLY )

Charges $864.41
Insured No. 123

Date Received 1/19/76 Date Shipped 1/19/76
THE UNIVERSITY OF TEXAS
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE

MAILING INSTRUCTION FORM

Date 1-6-76

To: Mail Room

Request that the accompanying Envelopes containing
BOX, CARTON, LETTER, ETC.

Reports ______ valuated at $ ____________ be shipped

To: Various Institutes

NAME

STREET

CITY

NOTE: All shipments should be properly addressed by Sender.

(Check appropriate space)

AIR MAIL
AIR PARCEL POST
BOOK RATE
BOOK RATE (between non-profit organizations)
CERTIFIED MAIL
RETURN RECEIPT REQUESTED
FIRST CLASS
INSURED
LIBRARY RATE
PARCEL POST
REGISTERED
RETURN RECEIPT REQUESTED
SPECIAL DELIVERY

VIA

101

808

Signature

Departments

AACI FUNDS MIB. #188386

(FOR MAIL ROOM USE ONLY)

Charges 808

Insured No. 10

Date Received

Date Shipped 1-6-76