

PHDB Data Request Feasibility Assessment Form

Request Number: _____ (to be completed by PHDB staff)

Date Submitted: _____

Investigator Name: _____

Department: _____

Contact Information: _____

Project Title: _____

Please Attach:

- 1. Research Description and Justification:** Please provide a brief description of the research to be conducted. Include a justification for the data elements requested (~2 – 5 paragraphs).
- 2. Patient Characteristics:** Describe population of interest and indicate number of study subjects needed by disease site, gender, age, race/ethnicity, etc. and identify any exclusion criteria.
- 3. Attach protocol, if available.** Please note that an IRB-approved protocol or exemption is required before any data may be released.

Additional Comments:

Additional Information:

- All data are de-identified unless the researcher has explicit permission from the IRB to receive patient identifiers.
- A fee schedule applies for data abstraction and retrieval, with final cost determined based on individual project needs.