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:

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Additional Information:

1. All data are de-identified unless the researcher has explicit permission from the IRB to receive patient identifiers.

2. A fee schedule applies for data abstraction and retrieval, with final cost determined based on individual project needs.

Revised 07/15/2016