**Rhode Island Department of Health**

**Data Request Form**

**RIDOH Data Request Form**

The following information must be completed by the requestor. It will be reviewed and approved by all RIDOH programs that oversee data, policies and programming related to the proposed topic, and signed by the Requestor/Principal Investigator.

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| **Requestor/Principal Investigator Information** |
| **Name and Title** |  |
| **Organization(s)** |  |
| **Email Address** |  |
| **Phone Number** |  |
| **Co-Requestor/Co-Principal Investigator(s) Information, if applicable** |
| **Name(s) and Title(s)** |  |  |
| **Organization(s)** |  |  |
| **Email Address(es)** |  |  |
| **Phone Number(s)** |  |  |
| **Project Information** |
| **Project Title** |  |
| **Date Submitted** |  |
| **Requesting Organization Authorized Official Information** |
| **Name(s) and Title(s)** |  |
| **Organization** |  |
| **Please provide detailed responses to the questions below.** |
| 1. **Project Purpose.** Describe the project purpose, including the expected scientific benefits (if applicable) to be gained by doing the project. (IRB application question #6)
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|  **Purpose:** |
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|  **Scientific Benefits (if applicable):** |
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| 1. **Study Design.** Describe the study design, including, as needed, a discussion of the appropriateness of research methods. (IRB application question #11)
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| 1. **Data Requested.** Check all datasets to be requested; if not listed, include as Other.
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| * Birth Records
* Birth Defects Surveillance
* Behavioral Risk Factor Surveillance System (BRFSS)
* Cancer Registry
* Death Records
* Fetal Death Records
* Hospital Discharge
* KIDSNET
* Medical Examiners
* Pregnancy Risk Assessment Monitoring System (PRAMS)
* Prescription Drug Monitoring Program (PDMP)
* State Unintentional Drug Overdose Reporting System (SUDORS)
* Youth Risk Behavior Survey (YRBS)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **Describe any exclusion criteria, the time-frame of data, whether it will be a one-time or recurring data transfer, and a list of variables for each dataset being requested.** |
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| 1. **Institutional Review Board (IRB) Approval.**
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| * IRB application WILL be submitted to RIDOH. *Go to question #5.*
* IRB application WILL NOT be submitted to RIDOH. *Include in the space below the reason for not submitting this research for RIDOH IRB review. Please note that review of this form by RIDOH may result in referral of this research for RIDOH IRB review.*
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| 1. **Confidential Information.** Describe provisions that will be made for the protection of confidential information related to the human subjects. (IRB application questions #19)
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| 1. **Transferal of Data.** Describe how the data will be transferred.
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| 1. **Storage and Access of Data.** Describe how the data will be stored, including the number of people who will be able to access the data and their roles.
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| 1. **Experience.** List and describe the experience of the person (people) who will analyze the data.
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| 1. **Use of Data.** Describe how the data will be used, including which datasets will be linked (if any) and how long identifiers will be stored (if applicable). Describe how use of this data set and/or linking the data will be used in answering the research question, if applicable.
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| 1. **Results and Interpretation.** Describe the plan for finalizing the analytic results and interpretation, with a focus on how the appropriate subject-matter experts from RIDOH will be involved in the process.
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| 1. **Dissemination Plan.** Describe the plan for dissemination of results, with a focus on how the appropriate subject-matter experts from RIDOH will be involved in the process. If any conference abstracts or manuscripts are planned, note whether any staff from RIDOH will be included as co-authors and who they are.
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| 1. **Data Destruction/Deletion.** Describe the procedures for protection, erasure or destruction of confidential data when the project ends. (IRB application question #20)
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| 1. **Funding Sources.** Describe the funding sources for this research proposal.
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| 1. **Conflict of Interest**
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| **This section must be completed by the Requestor/Principal Investigator.** The Requestor/PI certifies on behalf of self, spouse, registered domestic partner, and dependent children, **as well as on behalf of all investigators** and their spouses, registered domestic partners, and dependent children. “Investigator” means anyone with responsibility for the design, conduct, or reporting of the research.**Requestor/Principal Investigator**Do you, your spouse, registered domestic partner or dependent children have any direct, indirect, or related financial interest(s) related to the work to be conducted as part of this proposed project? Interests are related to the project if those interests:* could be affected by the results or outcome of the data analysis,
* are in the sponsor of the research/project (even if unrelated to the data analysis being proposed), or
* are in another entity conducting research or business that could be affected by the research/project.
 |
|  [ ]  **No** [ ]  **Yes** – Please describe conflict on separate page. |
| **Investigators** (those others who have responsibility for design, conduct, or reporting of the data analysis)Do any other investigators, their spouses, registered domestic partners or dependent children have any direct, indirect, or related financial interest(s) related to the work to be conducted as part of this proposed project? Interests are related to the research/project if those interests:* could be affected by the results or outcome of the data analysis,
* are in the sponsor of the research/project (even if unrelated to the research being proposed), or
* are in another entity conducting research or business that could be affected by the research.
 |
| [ ]  **No**[ ]  **Yes** - Please describe conflict on separate page. |

I, the Requestor/Principal Investigator, certify that the information provided above is accurate, and I and my team will read the DUA, and will adhere to all sections of that document during the course of this research project as it pertains to any and all information or data released by RIDOH.

**Requestor/Principal Investigator Certification:**

*I certify that the information provided above is accurate.*

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Name of Requestor/Principal Investigator Signature of Requestor/Principal Investigator Date

**RIDOH Program Dataset Representatives:**

By signing below, I acknowledge that

1. I am the appropriate RIDOH Program Representative for the datafile(s) listed below that are attributed to me.
2. If more than one dataset is being requested, I have forwarded this request to additional RIDOH Programs Representatives who should review this request.
3. I agree to the following:
	1. I have already discussed the proposed project with the applicant(s) named above;
	2. I agree with the applicant’s appropriate use of RIDOH data related to my program; and
	3. I agree to release of that/those data file(s) upon approval/exemption from RIDOH’s IRB and approval of a RIDOH DUA specific for this project and request.

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| **[RIDOH Data file(s)](http://health.ri.gov/data/) Requested** | **RIDOH Program** | **RIDOH Program Representative Name****(print)** | **RIDOH Program Representative Signature** | **Date Signed** |
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