Rhode Island Department of Health
Research Data Request Form

BEFORE STARTING THIS FORM:

Please note that RIDOH Hospital Discharge Data Program makes "public use file" available to support many different data users. Please check: **Data Request and Release Assurances Form (ri.gov)**, and determine first if your request is (academic) research-related.

RIDOH's policy for reviewing and accommodating *individual patient-level data* requests for research purpose is as follows:

Step One: Complete and submit this Research Data Request Form to Hospital Discharge Data Program Manager

- Once submitted, the Program representative will contact you with any questions. Additional information may be requested to confirm the relevancy of the proposed research study question.

Step Two: Submit an application for Institutional Review Board (IRB) Review

- Upon RIDOH approval of the Research Data Request, please complete and submit an IRB application to RIDOH.IRB@health.ri.gov
- Be sure to include the approved Research Data Request Form as part of your IRB application; this is a required component of the IRB application. Please visit the RIDOH IRB webpage for more information and to download an application form.
- After IRB review, you will receive a letter from an IRB representative indicating approval, exemption, or denial.
- If your IRB application is approved or exempted, you will work with RIDOH staff to develop a Data Use Agreement (DUA) for your project.

Step Three: Transfer of Data

- The data can be transferred once all steps have been completed and a DUA has been signed by both your institution and RIDOH.

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.

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*)
Purpose:
Scientific Benefits (if applicable):
2. Study Design. Describe the study design, including, as needed, a discussion of the appropriateness of research methods. (*IRB application question #11*)
3. Data Requested.
☐ Hospital Discharge Data (HDD) ☐ Other: _____ ☐ Other: _____ ☐ Other: _____
Describe inclusion and exclusion criteria, the timeframe of data, whether it will be a one-time or recurring data transfer, and a list of variables for each dataset being requested. Please refer to Hospital Discharge Program for available datasets and variables: Data Request and Release Assurances Form (ri.gov) **NOTE: Please provide variable list in the RIDOH IRB request (if submitting to RIDOH IRB).**
4. Institutional Review Board (IRB) Approval.
☐ IRB application WILL be submitted to RIDOH. *Go to question #5.* **NOTE: Please provide variable list in the RIDOH IRB request, along with information on data linkages to be**

conducted (if any).

☐ 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.*

5. Confidential Information. Describe provisions that will be made for the protection of confidential information related to the human subjects. (*IRB application questions #19*)

6. Transferal of Data. Describe how the data will be transferred.

7. 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.

8. Experience. List and describe the experience of the person (people) who will analyze the data.

9. 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.
NOTE: Please provide information on data linkages (if any) in your RIDOH IRB application.

10. 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.

11. 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.

12. Data Destruction/Deletion. Describe the procedures for protection, erasure or destruction of confidential data when the project ends. (*IRB application question #20*)

13. Funding Sources. Describe the funding sources for this research proposal.

14. Conflict of Interest

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.

I acknowledge that unfunded data requests exceeding 5 hours, or those requiring linkages and/or variable creation will be completed at the discretion of the program and will be filled when all funded activities are completed. By signing this agreement, I understand that RIDOH makes no guarantee of filling any unfunded data request.

Requestor/Principal Investigator Certification:
I certify that the information provided above is accurate.

_____	_____	_____
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:
    a. I have already discussed the proposed project with the applicant(s) named above;
    b. I agree with the applicant's appropriate use of RIDOH data related to my program; and
    c. 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.

RIDOH Data file(s) Requested	RIDOH Program	RIDOH Program Representative Name (print)	RIDOH Program Representative Signature	Date Signed