Data Request

1. Requestor's Name

2. Phone

3. Date

4. Who is the PI on the Study/Project?

5. Will the data be used for research or QI?

Research   QI   Both

**6. Do you have
an approved
IRB?**

**7. Do you plan to share this data with
anyone outside UMHS (including campus
study team members)?**

Yes+   No   In Review+

Yes+   No

+HUM#

+If yes, who will you share it with?

**+Have you added Julie Tumbarello, Sarah Block, Ken
Piehl, and Anca Tilea to the IRB as Administrative
Staff?**

**8. Do you plan to collect additional information
to add to the data that we provide you?**

Yes   No

Yes+   No

**+If yes, include relevant details
about the additional data below:**

9. What will the data be used for? Check all that apply.

Pilot data   A specific grant submission

Cohort discovery (no PHI)   Manuscript

Other

**10. What question are you trying to answer
with your data? (Or list the Specific Aims
of your study)**

**11. Use this space for any other information
you'd like us to know about your project. Include
ICD-9, ICD-10, or CPT codes, if known:**

**12. What output format do you need
your data in?**

**13. Please list any deadlines related to this
request:**

Excel

Redcap

Other