

University of Michigan Diabetes Research Registry

Request for Information Form

Principal Investigator

Name (last name, first name): _____

Uniqname: _____ E-mail: _____ Phone: _____

Department: _____ Division: _____ School/College: _____

Study Team Contact

Name (last name, first name): _____

Uniqname: _____ E-mail: _____ Phone: _____

Study information

Title: _____

All studies must have approval of UM IRB-Med. Please attach IRB approval letter. Your IRB must have approved your use of DRR data. If this has not been done, an amendment to your IRB application is required.

HUM number: _____

Are all study team members listed in eResearch for this research project certified in PEERRS and HIPPA?

Yes No

Reason for this request: Preparatory for research (With this option, we can offer you aggregate counts of patients within given cohorts only.)

Recruitment for research study (The information given in this request will have PHI and contact info for patients who meet your criteria.)

Funding

Do you have funding for this project? Yes No

If yes, please specify: Internal External Federal External Private

Name of funding agency: _____

Study entry criteria

Inclusion criteria:

Exclusion criteria:

Requested PHI Data Elements

Patient Information: CPI/MRN Name Address email Phone

If you need other data elements, please list below:

Data set format requested: CSV Excel Other

Data Storage

All data must be stored in a secured place. Data must be secured through appropriate administrative, physical, and technical controls throughout the life of the project.

Where will the data be stored?

- UM computer (password protected)
- UM secured server
- UM secured physical location (hardcopy)

Data delivery: When ready, the requested information will be delivered to MiShare for secure transmission and you will be notified. You have 5 days to retrieve your data from MiShare. If the data file contains large numbers of patients, they will be delivered in installments of 50. When you return the first installment indicating who have been enrolled, the second installment will be sent to you.

Before the data output is delivered the PI will be asked to sign an UM attestation for responsible data disclosure and use.

Signature of requesting PI: _____ Date (mm/dd/yyyy): _____