**MDRC Clinical Core**

**Blue Cross Blue Shield of Michigan Data Request Form**

Please complete all sections of the Data Request form and attach all required documents:

|  |  |
| --- | --- |
| \* First Name: |  |
| \* Last Name: |  |
| \* Organization: |  |
| \* Title & Affiliation: |  |
| \* Phone Number: |  |
| \* E-mail: |  |
| \* Data Needed by: |  |
| \* Letter of Request | Please attach a letter summarizing your request, the data you require, the organization with which you are affiliated, and contact information |
| \* Research Protocol | Please attach your research protocol, which should not exceed 3 pages. Please include:   * A research design, which clearly states the objectives and the significance of the study, and provides a credible, straightforward argument for the importance of the project * An analysis plan, analysis methods, description of the tasks, time schedule, and the qualifications of key staff * Addresses hypotheses/study issues, data limitations, data management (describe in detail the measures that will be implemented to safeguard the data and protect the privacy of BCBSM beneficiaries) * Explanation of data being requested and how it will be used * Plans for Dissemination of results * Referenced as Exhibit A in Research Data Use and Non-Disclosure Agreement |
| \* IRB Approval: | Please attach proof of your IRB Approval or Exemption status (also applies to requests for de-identified data sets). For Exemption status, all that is required is a document from an IRB board stating that the study is exempt from the approval process |
| \* Signed Non-Disclosure Agreement | Please read carefully, sign, and return |