**REQUEST FOR USE OF AGGREGATE DATA FORM**

|  |  |
| --- | --- |
| **Date of Submission (mm/dd/yy):** |  |
| **Name of Organization:** |  |
| **Project Title:** |  |
| **Principal Investigator:** |  |
| **Co-Investigators:** |  |
| **Corresponding Contact Name:** |  |
| **Contact Title:** |  |
| **Contact Telephone Number:** |  |
| **Contact E-mail Address:** |  |
| **Contact Address:**  **City, State, Zip:** |  |

**PROJECT DESCRIPTION**

|  |  |
| --- | --- |
| **Project Start Date (mm/dd/yy):** |  |
| **Project End Date (mm/dd/yy):** |  |
| **Type of Research Project:** | □ Prospective Study  □ Retrospective Analysis  □ Technical Study  □ Other |
| **If “Other,” please explain nature of project:** |  |
| **What is the research question being asked?** |  |
| **What is the background or rationale for the research question? (if needed, please attach as a separate page to application)** |  |
| **Patient Inclusion/Exclusion Criteria:** |  |

**DATA REQUESTED**

|  |  |
| --- | --- |
| **Description of patient population to be analyzed:** |  |
| **Time frame to be studied:** |  |
| **List exact data variables requested (i.e. pathology, treatment planning information, outcome, reimbursement, etc.): If the request is not self-evident, write a summary of the request and/or instructions on data output (e.g., table specifications, sample tables)**. |  |
| **Deadline for receipt of data (mm/dd/yy):** |  |

**DATA USE**

|  |  |
| --- | --- |
| **Are these data for internal research purposes only?** (yes/no) |  |
| **If requesting party will seek to share data with persons not already listed on this request, list the organizations with which data would be shared and in what capacity?** (e.g., FDA for a clinical trial, NIH for a grant proposal, consultant for project development) |  |
| **Peer-reviewed publications to which submission is anticipated** (if any) |  |
| **National meetings at which abstract presentation is anticipated** (if any) |  |

**ADDITIONAL SUBMISSION REQUIREMENTS**

Please attach each of the following:

* Copy of IRB approval letter for use of RSSearch® at your institution
* Curriculum vitae of the principal investigator

**REQUESTOR CERTIFICATION**

In making this request, I certify that:

* All information provided on this form and attachments is accurate and complete;
* I have all requisite institutional authority to submit this Request for Use of Collaborative Data

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Title |  |
| Date |  |

Please submit Request for Use of Collaborative Data to: registry@therss.org

# For Internal Use Only:

|  |  |
| --- | --- |
| Date application received: |  |
| *RSSearch Registry Request #* |  |