



# Data Request Application

FOR RESEARCH & REVIEW

For questions regarding this form, contact Donna R. Logan, MPH  
 Research Associate, Population Health Research and Development  
 Johns Hopkins HealthCare, LLC  
 750 E Pratt Street, Baltimore, Maryland 21202  
 Phone: (410) 361-7919 Email: DLogan7@JHMI.edu

The purpose of this application is to provide the Johns Hopkins HealthCare (JHHC) Data Sharing Research & Review Committee with sufficient information to evaluate your request. Additional approvals may be required depending on the Line of Business and type of data requested.

A JHHC data analyst or research associate will contact you to establish the definitions of the data and the services that you are requesting. When this is completed, and the data analyst has the approval to collaborate on your data project, you will be expected to sign an agreement regarding the data deliverables from JHHC and any compensation owed to JHHC for the services. If your data is a limited data set, you will be expected to enter into a HIPAA compliant Data Use Agreement with JHHC.

<b>Project /Study Title</b>			
<b>IRB Information</b>	Current Status	IRB #	
	Approval Date	IRB Expiration Date	
<b>Project Lead/ Principal Investigator</b>	Institutional Affiliation	Date	
	Position/Title	Name of Co- Investigators	
	Phone #		
	Email		
<b>Contact Person (if different from PI)</b>	Name	Phone#	Email
Please provide the following documentation : <ul style="list-style-type: none"> <li>• IRB Research Application for the project (i.e., eForm A)</li> <li>• Letter of IRB approval or exemption from IRB review</li> </ul> As applicable, please provide copies of : <ul style="list-style-type: none"> <li>• Approval of Wavier of Authorization or Partial Wavier.</li> <li>• Signed Informed Consent Forms/HIPAA authorizations of each person for whom PHI is requested. Please also submit a complete list of the names of the subjects who have signed consent forms in an Excel spreadsheet using the following format (Last Name, First Name, MI).</li> <li>• IRB approval for review preparatory to research or for PHI about a decedent.</li> </ul>			
<b>Purposes of the project/study</b>	The data is being requested for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Pilot Project preparatory to research</li> <li><input type="checkbox"/> Quality Improvement (QI) Project</li> <li><input type="checkbox"/> Commercial and proprietary</li> </ul>		<input type="checkbox"/> Proposal for funded research:
			Funding Agency:



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	Grant number:	
	Grant Description:	
	Do you Plan to make contact with enrollees as part of the study? <input type="checkbox"/> Yes <input type="checkbox"/> No How do you plan to make contact?	
<b>Purposes of the project/study cont.</b>	It is required that a JHHC employee be a co-investigator or consultant on all projects. How is JHHC involved in the study /project for which the data is being requested?	
	<input type="checkbox"/> JHHC Care Management programs are the basis of the study <input type="checkbox"/> JHHC personnel are involved as co-investigators or consultants in the study	
	Names:	Amount & type of support:
	Do you agree to provide JHHC with the results of your study/project <u>within six months</u> of the completion of the analysis of the data? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Please provide a brief description of the objective of your project in 1 to 2 paragraphs using the space below. <u>Objective:</u>	
<b>Services Requested of JHHC</b>	Indicate those data-related services that you are requesting from JHHC:	
	<input type="checkbox"/> Mining and providing data only <input type="checkbox"/> Mining and analysis of data <input type="checkbox"/> Design, mining and analysis of data	

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	What is the desired date on which you would like to receive the data from JHHC?	If your application is approved and the specifics of your request clearly delineated, are you prepared to compensate JHHC for requested services? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Specifics of the data requested</b>	Date of Service (DOS) range of data: From _____ to _____	Please estimate the number of cases for which you are requesting data: _____
	For which programs do you seek member data? <input type="checkbox"/> Employee Health Program (EHP) <input type="checkbox"/> Priority Partners (PPMCO) <input type="checkbox"/> US Family Health Plan (USFHP) <input type="checkbox"/> Medicare Advantage MD	How individually identifiable is the data you require according to HIPAA regulations? <input type="checkbox"/> De-Identified <input type="checkbox"/> Limited Data Set <input type="checkbox"/> Personal Identifiers Which identifiers are included in your data request? _____
<b>Specifics of the data requested cont.</b>	What variables/fields are you requesting? (Please be specific. You may use an attachment if necessary.)	
	Are you requesting repeated measurements of data? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
	What type of data are you requesting? <input type="checkbox"/> Text Delimited <input type="checkbox"/> Text Fixed Length <input type="checkbox"/> Excel <input type="checkbox"/> Other: _____	
	For what software application are you requesting the data?	