



## **Research/Data Request Form**

**Date:**

### **REQUESTER INFORMATION**

Requester Name:

Organization or University Affiliation (if applicable):

Address:

Email:

Phone Number:

### **PROJECT INFORMATION**

Project Title:

Type of Request (check all that apply):

De-identified Data

Information previously recorded or collected without any of the 18 HIPAA-defined identifiers, traceable code, or DHS-identifiable information or that has been stripped of all 18 HIPAA-defined identifiers

Limited Data

Data set with 16 out of the 18 HIPAA-defined identifiers removed

Identified Data\*

Data set that includes more than two of the 18 HIPAA-defined identifiers

Human Subject Research\*

Research designed to contribute to generalizable knowledge; conducted by a researcher on a living individual through intervention or interaction with the individual

\*A copy of IRB approval and the IRB protocol must be submitted with these types of requests.

Anticipated Project Start Date:

Anticipated Project End Date:

**Project Description:**

*Include information such as project objectives, methods, relevant background, procedures for storage and disposal of confidential information, and plans for use of the data (e.g., publication). For projects involving human subject research, please describe how subjects will be recruited, how subjects' consent will be obtained, the anticipated impact on subjects and steps that will be taken to ensure subjects' privacy. Attach additional sheets as necessary.*

Has the appropriate Institutional Review Board (IRB) reviewed and approved this research?

- Yes IRB:
- No
- Not applicable

**Submit this form, along with IRB approval and protocol, if applicable, to [DHS-Research@allegHENYcounty.us](mailto:DHS-Research@allegHENYcounty.us)**