



Region4

Genetics Collaborative

IBEM-IS Data Request Form

Name _____ Date Requested _____

Institution _____ Department _____

1. Data Requested: (specify patient population, time period, etc.)
2. Required Patient Information: (specify variables, attach additional pages as necessary)
3. Time period From ____/____/____ to ____/____/____
4. Purpose of the Request (check all that apply)

- Presentation at Conference/Meeting
Conference/Meeting Name and Date:
 - Abstract
 - Poster
 - Slides / visual aids

- Publication
Where?

- Patient Care
- Data Mining (use of non-PHI)

- Cohort Study
Describe cohort:

- Other:
Please specify:

5. Is the Research Study IRB approved?

- Yes. IRB Approval Number:
Attach copy of IRB approval memo/letter.

- No. Provide reason:

6. Rationale for the study (one paragraph)
7. Hypothesis to be tested
8. Clinical significance of project observations
9. Recognizing that projects evolve, what is the first product you envision from your observation (e.g. paper, protocol, larger project, etc.)
10. Identify project funding sources
11. Describe engagement of IBEM-IS participating clinics
12. Identify lead clinician:
13. Other information that should be considered in this request