

HPHC Business Unit Preliminary Data Request Form

Please complete and submit this form to **the fulfilling Business Unit representative and HPHC Business Research Liaison (BRL)**, to request data preparatory to research.

Note: Data requests for grant proposal purposes cannot include identifiable patient information. It can only include summary tables with counts 6+ in the cell.

If identifiable information is needed such as data in a Limited Data Set, please do not use this process but follow the Post Award Data Request Process.

Project Information

Project Title:

PI(s):

Contact person for preliminary data request (if not PI):

Requested completion date for preliminary data summary:

Project Description:

Description of Preliminary Data Request

1. Describe your study population(s):

(Example: All female HPHC members \geq 18 years old enrolled from 1/1/2000-12/31/2002 with a diagnosis of breast cancer.)

2. Describe the case-finding logic (codes and code combinations):

****Please include a list of diagnosis, procedure, NDC or any other codes that will be used for patient identification, case finding or table generation logic. ****

4. Describe output data requested. Include a table shell if appropriate.

Note: Fulfilling Business Unit must copy BRL when data is being provided.