

**REQUEST FOR DATA
FROM THE
NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health
Epidemiology and Informatics Unit**

Since space is not provided on this form please answer these questions on separate sheets of paper. Restate the question and provide your answer. Please submit your application in typed format.

Mail request to: Janis Singleton
 Office of Health Statistics
 Department of Health and Human Services
 PO Box 95026
 Lincoln, NE 68509-5026

1. Name of applicant/principal investigator or entity represented.
2. Qualifications of applicant/principal investigator (include education, experience, prior publications, and recommendations of professional colleagues who have knowledge and experience of scientific or medical research); attach resume if available.
3. Purpose of research project, summary of project, and anticipated completion date of the project. The information is to be used for the stated purpose only.
4. Has the research project been reviewed and approved by an Institutional Review Board? Attach a copy of such approval.
5. State the location where the research project will be conducted. Specify the equipment, personnel and resources available to carry out the research project.
6. State the funding source of the research project, identify the availability of the funding, and any conditions on the receipt or continuation of such funds.
7. Specify the exact data you are requesting be sure to use ICD codes where applicable. How will you use the data?
8. If you are requesting patient-specific data or geocoding data, then document the need for such patient-specific data. Because address information is patient specific please explain why you want this information and how it will be used.

9. Specify the medium in which the records are sent. Some formats may incur costs that will be charged to the requestor, such as printing of large files or copying to CD-ROM, as well as shipping and handling of non-standard envelopes. Please contact the Division of Public Health to find out what formats are available and what charges may be involved.
10. Does the patient or patient's family need to be contacted?
_____ Yes _____ No
11. If you plan to have contact the patient or patient's family, substantiate the need for such contact and (attach copies of proposed letters to physicians seeking approval for patient contact and copies of proposed letters to patients or patient's families.
12. Identify the security measures to be taken to maintain the confidentiality of the data during the research project, for disposal of the data upon completion of the project, and assurances that the results of the study will not divulge or make public information that will disclose the identity of any individual patient.
13. Specify which portions of this request are confidential and not available for access under the public information law.
14. A fee will be charged for data preparation (\$50/hour).

Applicant

Date

APPROVED:

Date

Nebraska Department of Health and Human Services
Division of Public Health