

**Research / Data Request Form - Procedure & Check List**

Date:

Requester Name:

**Procedure**

Complete all required documents listed

Double check contact information as this is the information that will be used to communicate

Submit all documents to [DHS-Research@alleghenycounty.us](mailto:DHS-Research@alleghenycounty.us)

**Checklist**

Documents to complete and submit:

Required for all

* Research / Data Request – Form
* Signed DHS Data Sharing Confidentiality Agreement

Required only for Identified Data and/or Human Subject Research

* IRB, Institutional Review Board - Approval
* IRB, Institutional Review Board – Protocol
* DRB, Departmental Review Board Application  
  (Only required when requesting identified data and requestor does not have an IRB approval)

Optional

* Data Extract Template (An example of how you would like the data structured, for example if the data has already been provided to you or you require the data in a specific format.)



**Research / Data Request - Form**

Date:

**REQUESTER INFORMATION**

Requester Name:

Organization or University Affiliation (if applicable):

Address:

Email:

Phone Number:

**PROJECT INFORMATION**

Project Title:

Anticipated Project Start Date:

Anticipated Project End Date:

Type of Request (check all that apply):

* De-identified Data

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

* Limited Data

Data set with 16 out of the 18 HIPPA-defined identifiers removed (allows dates, such as Date of Birth, and Geographies to be included)

* Identified Data

Data set that includes identifiers beyond what is permitted in a HIPPA-defined “limited data” set, removing less than the 16 required HIPAA-defined identifiers (requires IRB approval)

* 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 (requires IRB approval)

**A copy of IRB approval and the IRB protocol must be submitted with Identified Data and Human Subject Research requests. If not available, you must submit a copy of DRB approval instead.**

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

* Yes

IRB:

* No
* Not applicable
* DRB Attached

Project Description:

Include information such as project objectives, methods, relevant background, procedures for storage and disposal of confidential information, and plans for the 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.



**Data Attributes**

Date:

Requester Name:

**Data Elements:**

For all but de-identified data, which of the 18 HIPPA-defined identifiers are being requested and list specific examples of each (check all that apply)

* Names
* Geographic subdivisions
* Dates
* Telephone numbers
* Fax Numbers
* Electronic mail addresses
* Social Security Numbers
* Medical Record Numbers
* Health Plan Beneficiary Numbers
* Account Numbers
* Certificate / License Numbers
* Vehicle Identifiers
* Device Identifiers
* Web Universal Resource Locators (URLs)
* Internet Protocol (IP) address numbers
* Biometric Identifiers
* Full Face Photographic Images
* Any other unique identifying number

**Data Granularity:**

* Aggregate
* Transaction Level

**Periodicity**

* Yearly
* Monthly
* Point-In-Time
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject of Data**

* Client
* Services
* Providers
* Facilities
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Data**

* Client
* Client - Program Involvement
* Client - Services Received
* Provider
* Providers - Services Offered
* Facility
* Facility - Services Offered
* Facility - Services Rendered
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Area**

* Aging
* Children, Youth & Families
* Homeless / Housing
* Drug / Alcohol
* Early Intervention
* Independent Living
* Intellectual Disabilities
* Mental Health
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Frequency**

* Ad-Hoc
* Daily
* Weekly
* Monthly