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| Internal Use OnlyCP Number: **Date Received:**  |



**CFAR Network of Integrated Clinical Systems**

# Request for Data, Specimens, Patient Reported Outcomes Form

Top of Form

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| **CNICS Research Coordination Committee**:Sonia Napravnik, PhD*, Co-Chair*Peter Hunt, MD, *Co-Chair* | **Database Coordinator**: Justin McReynoldsEmail: mcjustin@uw.edu**Data Manager:** Peggie GriffithEmail: peggieg@u.washington.edu |

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| **Email this request to Donna Porter, PhD and Mary Thielen at the CNICS Operations Center.**Email: donnaporter@uabmc.edu mthielen@uabmc.eduPhone: (205) 934-8291 (205) 895-5411 |
| **Specify the Request from CNICS (check all that apply)**[ ] Clinical Data Only [ ] Specimens Only [ ] Both Clinical Data and Specimens NeededFor Requests of Additional Data Elements:[ ] My request will require additional capture from CNICS using external resources |
| **Date Requested:** | **Date Needed:** |
|  |
| **Contact information for Principal Investigator:** |
| Name: | Current Position: |
| Institution: |
| Mailing Address: |
| Email Address: | Phone: |
| [ ] Check box if contact person is same as above. If different than above, fill out information below. |
| Contact person: | Title: |
| Email for Contact | Phone: |
|  |
| **You must have an approved human subjects application from your institution to request data from the CNICS Repository. Please submit a copy of your IRB approval letter with this request.** |
| **Type of Data Requested:** (check one)[ ] Aggregate data only[ ] Anonymous (identifiers removed, no link between data provided and subject identities) |
|  |
| **Project Title:** |
| **Research Question(s):** *Please list one or more specific questions* |
| **Demographic Information Requested:** |
| **Inclusion Criteria:****Exclusion Criteria:** |
| **Clinical Diagnoses Requested:** |
| **Medications Requested:**  |
| **Laboratory Results Requested:**  |
| **Patient Reported Outcomes Requested:**  |
| **OTHER****Any Additional Information or Comments:** |

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| **Specimens Requested** |
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| **Demographics**  |
| **Gender** | **Age** |
| [ ]  Any  | – OR –  | [ ]  Male[ ] Female [ ] Transgender  | [ ] Any (over 18)  | – OR –  | [ ] Below years: |  |
| [ ] Above years: |  |
| [ ] Between years: |  |
| [ ] Multiple range: |  |
|  |  |
| **Race** | **Ethnicity** |
| [ ]  Any  | – OR –  | [ ] Caucasian [ ] Black [ ] Asian [ ]  Native American [ ] Pacific Islander [ ]  Other  | [ ]  Any  | – OR –  | [ ]  Hispanic [ ]  Non-Hispanic  |

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| **Laboratory Data:** |
| **Antiretroviral History:** |
| **Additional Information or Comments:** |