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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 McReynolds  Email: mcjustin@uw.edu  **Data Manager:** Peggie Griffith  Email: 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.edu  Phone: (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 Needed  For 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** |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | | | | |
| **Laboratory Data:** |
| **Antiretroviral History:** |
| **Additional Information or Comments:** |