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



**CFAR Network of Integrated Clinical Systems (CNICS)**

# Feasibility Request

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| **CNICS Research Coordinating Committee (RCC):**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 |
| **Contact information for Principal Investigator:** |
| Name | Current Position:  |
| Institution:  |
| 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: |
| Date Requested: | Date Needed: |
|  |
| **CNICS Collaborator:** |  |
| **Co-Investigators:**  |  |
|  |
| **Project Title:**  |
|  |
| **Research Question(s):** *Please list one or more specific questions* |
| **Inclusion Criteria:****Exclusion Criteria:** |
| **Data elements required for data request:****Demographics:** **Clinical Diagnoses (list):** **Hospitalizations:** **Insurance:** **Laboratory Test Results: (list):** **Medications (list):** **Mortality:** **Patient-Based Measures:** **Procedures:** **Resistance data:** **Specimens:** **Visit/Appointment:** **Other:**  |
| **Any Additional Information or Comments:** |