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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 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 | | |
| **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:** | | |