| State of California - Health and Human Services Agency Office of Statewide Health Planning and DevelopmentOSH-ISD-510 (Rev 7/30/2018) |
| --- |
| **Non-Public Limited Data Set Research Supplement**  |
| **This Box For Office Use Only** | **Date Revised** |  |
| **Request #:** |  | **Date Received:**  |  |
| This supplement is to be used whenever a Hospital or Public Health Department is using OSHPD data for Research purposes. A copy of the draft and/or approved Protocol from the California Committee for Protection of Human Subjects (CPHS) must be attached. |
| **Research Overview** |
| [ ]  **New Research Project**CPHS Project #       | [ ]  **Continuing Research Project\***OSHPD Request #       |
| CPHS approval is:[ ]  Attached CPHS [ ]  Pending approval expected approval date: [ ]  Draft (with initial data request submission) |
| **\*For Continuing Research Project only:**Years Added:       Check if there are changes to Personnel: [ ]  |
| Clearly state the general purpose of your project.      What specific questions will be answered by this project?       |
| Provide a broad overview of how the data you are requesting will be used to achieve the purpose of this project. Please include a description of both the study population and any control groups that are utilized.      |
| Briefly explain why the years of data being requested are necessary for your research.      |
| Have you done a statistical power calculation?  | [ ]  Yes [ ]  No |
| What is the required sample size you need to test your hypothesis?       |
| Are interim files created in the processing of the data? | [ ]  Yes [ ]  No |
| If yes, please describe what data elements are included in each file and what variables are dropped or masked.       |
| All research projects involving OSHPD’s non-public patient level data are subject to CPHS review, the CPHS recommendation and protocol must accompany the final request. (Your organization’s Internal Review Board (IRB) cannot be a substitute for CPHS approval.)**Note: BAA and/or Contracts must be dated and signed within 12 months, please attach to this supplemental request.****Note: DUA must be signed for each additional personnel using data at Local Health Departments, please attach to this supplemental request.**  |