| State of California - Health and Human Services Agency Office of Statewide Health Planning and Development  OSH-ISD-510 (Rev 7/30/2018) | | | | | |
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| **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.** | | | | | |