

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 HCAI 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 **Continuing Research Project***

CPHS Project #

HCAI/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 HCAI'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.)

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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.