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**REACHnet Data Request Form**

*Use this form to request data from REACHnet. Completed data request forms are provided to health system partners to determine interest in the project and inform decisions to participate. This form may also be reviewed by REACHnet’s patient partners who may provide feedback on the request. REACHnet’s* [*Research Participation Policy*](http://www.reachnet.org/resources/policies/) *documents the request process. If your request is approved, REACHnet will provide a proposal letter for data services. Data will be provided only after the study has received IRB approval and the requisite data sharing agreement(s) have been executed.*

*At REACHnet, we feel that diversity is something to be celebrated. Diversity strengthens research by allowing us to examine the impacts of diseases and effectiveness of treatments on all people, including populations that are often underrepresented in health research. We strive to include research participants and patient and community members from diverse backgrounds in our studies. We also welcome partnerships with researchers and organizations that demonstrate a commitment to health equity through their work.*

**CONTACT INFORMATION**

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| Name of Study PI: |
| Preferred pronouns: he/him she/her they/them Self-describe: |
| Institution/Organization: |
| Email: |
| Phone: |
|  |

Point of contact (if different from PI)

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| Name: |
| Preferred pronouns: he/him she/her they/them Self-describe: |
| Role on project: |
| Email: |
| Phone: |

**TITLE AND DESCRIPTION**

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| 1.) Title of proposed study: |
| 2.) Describe the proposed project. (≤250 words) |
| 3.) List the research objectives and/or specific aims of the study. |
| 4.) Will the proposed research consider demographic characteristics of the patient population to analyze differences in health outcomes, healthcare utilization, or some other metric?  Yes  No  If so, please list your specific research questions as they relate to demographic differences. |

**PROJECT FUNDING**

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| 5.) Select one:  I have funding for this project   1. Name of funder or sponsor (required): 2. Funding Amount: 3. Duration:   I am seeking funding for this project   1. Potential funder/sponsor and title of funding announcement: 2. Link to funding announcement (if available): 3. Application due date(s): Letter of Intent:       Full proposal: 4. If you are requesting a letter of support from REACHnet, provide the date the letter is needed (minimum of 2 weeks required): |

**TIMELINE**

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| 6.) Timeline for the proposed project: include expected start date, target dates for manuscript/conference submissions or other key dissemination activities, and project completion date (required). |

**PATIENT AND COMMUNITY ENGAGEMENT**

*REACHnet is a partnership that values engagement and connects patients, researchers, and healthcare providers to facilitate people-centered research. Please review the REACHnet* [*Engagement Policy*](https://reachnet.org/resources/policies/)*.*

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| 7.) Health systems that contribute data to a research project may elect to have a site investigator represent their health system on the study team. Indicate the ways you will involve **health system site investigators** in the project.  Formulating research questions  Including site representatives in regular meetings or conference calls  Defining essential characteristics of study participants, comparators, and outcomes  Informing analysis plan  Interpretation of results  Informing mechanisms for disseminating research results  Contributing to abstracts and manuscripts with the option of co-authorship  Other: |
| 8.) Indicate the ways you will involve **patients** in the project.  Formulating research questions  Including site representatives in regular meetings or conference calls  Defining essential characteristics of study participants, comparators, and outcomes  Informing analysis plan  Interpretation of results  Informing mechanisms for disseminating research results, particularly to patients and the lay community  Contributing to abstracts and manuscripts with the option of co-authorship  Other: |
| 9.) Please describe how you plan to incorporate in your research the perspectives of those that share similar characteristics with the study population. |
| 10.) Describe how the proposed research will help patients make decisions about their health and healthcare. What are the potential benefits to the patient community? |

*Note: If you are interested in working with REACHnet to convene advisory groups or develop an engagement plan for your proposal, please also complete the* [*Request for Engagement Services Form*](http://www.reachnet.org/resources/forms/)*.*

**STUDY POPULATION**

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| 11.) Describe the patient population for which you are requesting data. Indicate whether this will include adults, minors, or both. |
| 12.) List all inclusion criteria, including clinical and demographic characteristics. |
| 13.) List all exclusion criteria, including clinical and demographic characteristics. |
| 14.) Time period to include in dataset: |
| 15.) Desired sample size for this project: |
| 16.) From which REACHnet partner health systems would you like data? Select all that apply:  *Note: Health systems may approve or decline the data request.*  Ochsner Health  Ochsner LSU Health Shreveport  LCMC Health  Tulane Medical Center  Baylor Scott & White Health  DHR Health  University of California San Francisco  Sutter Health |
| 17.) REACHnet employs an algorithm for matching patient records across data sources to enable linkage of records. Would you like linkage services for your project to deduplicate patient records across health systems (additional fees apply)?  Yes  No |
| 18.) REACHnet has existing relationships with several payer organizations. If your study design includes linking clinical data with claims, we can engage with payers to request claims data (additional fees apply). If you would like to request claims, select one or more claims data sources below:  *Note: Payor organizations may approve or decline the data request.*  Blue Cross Blue Shield of Louisiana  Humana  CVS Health  Provide a brief rationale for your study’s need for claims data: |

**DATA ELEMENTS**

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| 21.) Indicate the level of data that you are requesting:  Limited Data Set data (individual-level data reflecting dates such as admission, discharge, service, DOB, date of death; city, state, zip code; ages in years, months, days, or hours OR aggregate data reflecting counts at the zip code level)  De-identified individual-level data  De-identified aggregate data |
| 22.) Indicate the data tables and elements requested. REACHnet data are conformed to the PCORnet® Common Data Model (CDM). Review the most recent version of the PCORnet® CDM Specifications on the PCORnet® website [here](https://pcornet.org/pcornet-common-data-model/). In Table 1 below, list the exact CDM data elements you are interested in obtaining and provide relevant codes as specified. The requested data elements requested should adhere to the HIPAA Privacy Rule’s Minimum Necessary Requirement. |
| Table 1. Common Data Model data elements requested  |  |  | | --- | --- | | **Common Data Model Table** | **Variables Requested** | | **Demographic** |  | | **Encounter** |  | | **Diagnosis**  *Please provide ICD-9 and/or ICD-10 codes of interest. Please note that ICD-10 went into effect in October 2015.* |  | | **Procedures**  *Please provide CPT, HCPCS, and/or ICD-9/10 codes of interest.* |  | | **Vital** |  | | **Lab Result**  *Specify lab of interest with as much detail as possible. LAB\_LOINC codes are preferred but not necessary to extract data.* |  | | **Condition**  *Please provide ICD-9 and/or ICD-10 codes of interest. Please note that ICD-10 went into effect in October 2015.* |  | | **Prescribing**  *Specify medication of interest with as much detail as possible. RXNORM\_CUI codes are preferred but not necessary to extract data.* |  | | **Death** |  | | **Death Cause** |  | | **Medication Administration**  *Specify medication of interest with as much detail as possible. RXNORM\_CUI and/or NDC codes are preferred but not necessary to extract data.* |  | | **Provider** |  | | **Clinical Observations**  *Specify observations of interest.* |  | | **General Observations**  *Specify observations of interest.* |  | | **Address History**  *Note that address data is compliant with the HIPAA definition of a* [*Limited Data Set*](https://privacyruleandresearch.nih.gov/pr_08.asp)*.* |  | | **Immunization**  *Specify vaccine of interest with as much detail as possible. NDC codes are preferred but not necessary to extract data.* |  | | **Other**  *Please be specific about additional items requested. Note that availability of and feasibility to obtain additional data elements vary by site. This process may incur additional fees.* |  | |

**DISSEMINATION**

*All studies are required to follow REACHnet’s* [*Dissemination Policy*](https://reachnet.org/resources/policies/)*. REACHnet may disseminate study results to patients, providers, and other community members through the network’s dissemination mechanisms.*

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| 22.) Describe your plans for disseminating results from this research project, including specific target audiences and how you plan to reach them. Include how patients and site investigators may be involved in dissemination activities. |

**ACKNOWLEDGEMENT**

*All researchers requesting REACHnet data services are expected to review and comply with* [*REACHnet policies*](https://reachnet.org/resources/policies/)*.*

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| I have read and understand the REACHnet Research Participation Policy.  I have read and understand the REACHnet Engagement Policy.  I have read and understand the REACHnet Dissemination Policy . |

**REFERRAL**

*(Optional)*

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| If this is your first request to REACHnet, please let us know how you found out about us: |