

**REACHnet Collaboration Request Form – PCORnet® Studies**

*Use this form to request collaboration with REACHnet on potential* ***PCORnet® Studies****.\* Completed forms may be provided to health system partners to determine interest in the project and inform decisions to participate. REACHnet’s* [*Research Participation Policy*](https://reachnet.org/resources/policies/) *documents the request process.*

*\*****PCORnet® Studies*** *are funded projects that: include two or more PCORnet® Cinical Research Networks (CRNs); ensure participants and patients are engaged throughout the project life cycle; are committed to broad dissemination of findings returning results to participants; agree to share study progress, performance metrics, and best practices with PCORnet regularly; and leverage the PCORnet® Common Data Model, as appropriate.*

**RESEARCH TEAM**

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| Name of Study PI:       |
| Preferred pronouns: [ ]  he/him [ ]  she/her [ ]  they/them [ ]  Self-describe:       |
| Institution/Organization:       |
| Email:       Phone:       |
|  |
| Name of Study Co-PI (if applicable):       |
| Preferred pronouns: [ ]  he/him [ ]  she/her [ ]  they/them [ ]  Self-describe:       |
| Institution/Organization:       |
| Email:       Phone:       |
|  |
| Point of Contact (if different from above) |
| Name:       |
| Preferred pronouns: [ ]  he/him [ ]  she/her [ ]  they/them [ ]  Self-describe:       |
| Role on project:       |
| Email:       Phone:       |

**PROJECT DESCRIPTION**

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| 1.) Title of proposed study:       |
| 2.) Briefly describe the proposed project. (≤250 words)      |
| 3.) If you have a letter of intent or aims page, please provide that as an attachment. If not, please list the research objectives and/or specific aims of the study.        |
| 4.) What type of research will be conducted in the proposed study?  [ ]  Retrospective observational study [ ]  Prospective observational study [ ]  Interventional trial [ ]  Other (please describe):       |
| 5.) Timeline for the proposed project: include expected start date and duration:       |
| 6.) Areas you are seeking collaboration from participating study sites (select all that apply):[ ]  PCORnet® Common Data Model (CDM) data[ ]  New data collection and/or data outside of the CDM[ ]  Site investigator expertise [ ]  Participant/patient recruitment/enrollment[ ]  Delivery of intervention[ ]  Participant/patient engagement[ ]  Clinician or clinical unit engagement[ ]  Other (please describe):       |

**PROJECT FUNDING**

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| 7.) Select one:[ ]  I have funding for this project 1. Name of funder or sponsor (required):
2. Duration:

[ ]  I am seeking funding for this project 1. Potential funder/sponsor:
2. Title of funding announcement:
3. Application due date(s): Letter of Intent:       Full proposal:
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**REACHNET RESOURCES AND SERVICES**

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| 8.) Select the REACHnet resources and services that you are interested in leveraging for your project. To learn more about these services, please visit our website ([www.reachnet.org](http://www.reachnet.org)).*Note: Services will require appropriate approvals and budget allotments.* | Yes, I am interested in discussing this service. | No, I am not interested in this service. |
| **Sample Counts for Feasibility**1. Prep-to-research query of REACHnet’s patient population

*The purpose of a prep-to-research query is to provide sample size counts to inform feasibility of conducting a study with REACHnet partner health systems.*1. PCORnet® Data Network Request (Front Door Query)

 *A Data Network Request provides insight into how many patients with specific health conditions, treatments, or outcomes appear across all of PCORnet.* | [ ]  Yes[ ]  Yes | [ ]  No[ ]  No |
| **Study Partners**1. Assistance identifying REACHnet partner health systems to participate in your study. *(If no, skip to d.)*

If yes, which REACHnet partners would you like to engage for this study? Select all that apply:*Note: Health systems may approve or decline participation.*  [ ]  Ochsner Health [ ]  Ochsner LSU Health Shreveport [ ]  LCMC Health [ ]  Tulane Medical Center [ ]  Baylor Scott & White Health [ ]  DHR Health [ ]  University of California San Francisco [ ]  Sutter Health 1. Assistance engaging with other PCORnet® Clinical Research Networks (CRNs) for participation in your study. *[Note: More information about can be found on the PCORnet website. (*[*https://pcornet.org/clinical-research-network/*](https://pcornet.org/clinical-research-network/)*)]*
2. Assistance engaging with payers to request participation in the study. *(If no, skip to next section)*

REACHnet has existing relationships with several payer organizations and the ability to link clinical data with claims. If you would like to request collaboration with payers, select one or more of the partners below:*Note: Payor organizations may approve or decline the data request.* [ ]  Blue Cross Blue Shield of Louisiana [ ]  Humana [ ]  CVS Health | [ ]  Yes[ ]  Yes[ ]  Yes | [ ]  No[ ]  No[ ]  No |
| **Engagement Services** 1. Are you interested in accessing REACHnet engagement services during the development of your proposal or execution of your study?

If yes, please indicate which services are of interest:[ ]  Assistance with my Engagement Plan.[ ]  Consultation on how to engage my existing community groups and/or patient partners more effectively.[ ]  Assistance convening a one-time meeting of patients or community members [Health in Our Hands network](https://www.reachnet.org/health-in-our-hands) to inform my project .[ ]  Including patients and/or community members in my project as an advisory group to inform research activities throughout the study.[ ]  Assistance identifying and engaging individuals to participate as advisors, patient partners, and/or members of the research team [ ]  Other (please specify):       | [ ]  Yes | [ ]  No |

**ACKNOWLEDGEMENT**

*All researchers requesting REACHnet 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:      |