**RESEARCH DATA REQUEST FORM**

The Perinatal Research Service Center (PRSC) is authorized to provide perinatal data for research as long as there is an approved IRB for the study requesting the perinatal data. The cost for perinatal data services is $140/hour and the total cost for the data request is discussed during the initial requirements meeting.

Please provide the information requested below so we can have an initial requirements meeting at no charge.

1. Date of Request:

2. Requester’s Name:

3. Requester’s Organization:

4. Project/Study title:

5. Approved IRB:

6. Principal Investigator (PI):

7. If PI in UNC, please provide the Chartfield String to receive invoice for the Perinatal Data Services of this request.

**RESEARCH STUDY DESCRIPTION**

8. **Background information**: which GAP in knowledge you are noticing that is prompting you to do this research?

9. What is the **research question** you are trying to resolve?  Provide PRIMARY outcome and/or end-points.

10. What are the **goals and objectives** of this research?

11. What is the **hypothesis/rationale** of the research?

12. What is the **study population**?

* + - Define precise **inclusion and exclusion criteria** for patients/encounters/events
    - For example: Inpatient/Outpatient, Diagnosis at discharge/encounter

13. **Time frame** for the data set

* For example: Jan 01, 2017 to Dec 31, 2019

14. If **categorizations** are requested:

* + - * Specify break points for categorizations
      * For example: birth weight, specify the ranges for categorizations for this variable

15. If **ICD-10/ICD-09 diagnosis codes** will drive categorizations, please specify the ICD codes to be used for the criteria.

16. Define **variables/data-elements/attributes** needed for the research project.

17. Brief description of **data analysis** strategy and main tool/system that you will use for data analysis – just brief.

18. Please provide any additional information that will help us understand in more detail your request: