MEDIC
MICHIGAN EMERGENCY DEPARTMENT IMPROVEMENT COLLABORATIVE

Data Request Form Instructions

Please complete the contact information and application (below) and submit electronically to the MEDIC Coordinating Center via email at the following address: afeenstr@med.umich.edu

Your request may be approved, subject to requested revisions, or rejected through the processes outlined by the Data and Publication Committee. If your request is approved, you will be required to submit IRB approval or exempt waiver. You will also be required to cite the MEDIC Registry as your source of data and include an acknowledgement statement recognizing MEDIC support for the research.

If there are any changes to project investigators, we request a notification be submitted to the MEDIC Coordinating Center via email within 30 days of that change.

The approval process is as follows:

- Stage 1 data requests require the principal investigator to provide an overview of the research concept (including a high level summary of the current relevant literature, how the proposed research provides a novel contribution to the literature, the population of focus, and the primary outcome).
- Stage 1 requests will be screened by the D&P Committee Chair and the MEDIC Lead Statistician to verify completeness of the submission and confirm the population of focus and outcome of interest are captured within the MEDIC Registry Data.
- Stage 1 data requests that pass the initial screen of the D&P Committee Chair and the MEDIC Lead Statistician will be shared with 3 members of the MEDIC Data & Publications (D&P) Committee for a structured review. Data requests that undergo review by committee members will be discussed a decision of accept, reject, or request revision will be determined through a vote of at least 5 member of the Committee.
- Decisions on Stage 1 requests will be provided back to the principal investigator within 3 weeks of the date received by the Data & Publications Committee. The contact listed on the Data Request Form will be notified via email of the D&P's decision to accept, reject, or request revision.
- If Stage 1 request was approved, the Stage 2 form will need to be completed and submitted to the D&P Committee. The D&P Committee Chair and the MEDIC Lead Statistician will assist with completion of the elements required for the Stage 2 form.
- Within 2 weeks of successful submission of the Stage 2 form, a timeline will be provided for the data to be provided or analyses to be completed.
- The research and manuscript preparation for submission to a peer-reviewed journal is expected to be completed within 12 months of receipt of data.

DATA REQUEST FORM – STAGE 1

Primary Investigator/Primary Contact Information

First: **Last:** **Institution:**

Title: **Phone:** **Email:**

Role(s) of Primary Investigator:

- ☐ **EM physician**
- ☐ **PEM physician**
- ☐ **Abstractor**
- ☐ **Clinical Champion**
- ☐ **Fellow/Resident**
- ☐ **Hospital Administrator**
- ☐ **QI Lead**

Project Working Group *(The Clinical Champion from the site requesting data is expected to be on the project team, but the Clinical Champion is not required to be the primary investigator. In the table below please list individuals and institutions with lead responsibility first. Lead researcher must be at the same MEDIC institution as the Clinical Champion engaged in this research to be eligible to obtain MEDIC data.)*

Name & Title:	Institution:	Email (required):
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Publication/Project Basics

Data Request Status:

- ☐ **New Request (COMPLETE STEP 1)**
- ☐ **Revised Request: Original proposal number _____.**

STEP 1:

Working Title:

Type of Work:

- ☐ **Quality Improvement**
- ☐ **Research**

Which level of data is needed to answer your research question?

☐ Site-specific

☐ Subset of Collaborative (Multiple Sites – requires clinical champion representative from each involved site)

☐ Collaborative-wide

Reason for Data Request:

☐ Pilot Data for **Concept/Proposal**

☐ **Statistical Process Control Charts**

☐ **Abstract submission for regional/national meeting**

☐ **Slides or Poster in follow-up to abstract**

☐ **Manuscript – expected following abstract presentations**

Main Hypothesis, Objective, or Aim *(What is your research question? What is the goal of this investigation?)***:**

What is known in this area? (2-3 sentence summary)

What will this study try to add to the literature? (1-2 sentence summary)

Subjects of Interest *(e.g. who will make up your study population?)***:**

Primary Outcome:

Secondary Outcomes (if applicable)**:**

Brief description of project/publication audience *(i.e. what is your target journal, meeting, poster session, internal meeting etc.?)***:**

Date submitted to MEDIC: **Submitted via:**

FOR MEDIC USE ONLY Manuscript proposal #: Date submitted by project leader: Date approved by MEDIC:	Comments:

DATA REQUEST FORM – STAGE 2

MEDIC Registry Data Required

Variables *(Please indicate the variables of interest and specific diagnostic and/or procedural codes that are required for the research.)***:**

Analytic plan:

Do you have local support to conduct analyses? ☐ Yes ☐ No
Please note that all multi-site analyses will be conducted by the MEDIC Coordinating Center.

Publication/Project Details & Timeline

Project Timeline

Please disclose any other funding sources that may be utilized for this project/study. Include the name of the funding source and a brief description of the study:

Date submitted to MEDIC: **Submitted via:**

FOR MEDIC USE ONLY Manuscript proposal #: Date submitted by project leader: Date approved by MEDIC:	Comments: