Request to Proceed with Project:

This form is to be used to submit project proposals to the ADHS/University of Arizona Research Collaboration Steering Group. The purpose of this form is to pre-screen your proposal to evaluate feasibility, and whether the data required can be made available within the data sharing agreement before you move ahead with your IRB review(s). This form and review process is designed primarily for projects that involve the use of one or more of the secondary limited or de-identified data resources administered by ADHS, and not those that could be considered primary research. Accordingly, applicants are strongly advised to include the appropriate IRB waiver when submitting this form. When you submit a proposal it will be evaluated to categorize your project as research, program evaluation, or public health practice. If this is an evaluation proposal, please include a succinct description of the program you will be evaluating - enough information in one or two tight paragraphs to enable those reviewing it to determine whether the program itself is a research program or a public health intervention.

1) Please describe your proposed study. Include anticipated Public Health value of the study. If you already have an IRB review, please attach a copy, otherwise, it will be understood that no IRB review has yet been conducted.

2) What is the anticipated benefit from conducting the program or the evaluation project being proposed?
3) Please indicate which data resources you are requesting access to for your study. Be as detailed as possible, to the extent known. Please include which data set, and which data elements you are requesting.

4) Please indicate whether or not your study calls for the transfer of, access to, and/or retention of Protected Health Information (PHI). If so, please describe the intended use of this information and why it is necessary for the project. Note: The Steering Committee is not a substitute for the IRB. If your study does require the use of PHI in some capacity you are required to include the appropriate IRB documentation along with this form, demonstrating that any and all confidentiality and security concerns have already been addressed.

5) Does your study involve the active participation and/or collaboration of any ADHS agency and/or personnel? If so, please list the agency and ADHS participants (if known) and describe their roles on the project.
6) Please list all of the persons involved in the study who will have access to the data, and identify the lead investigator. If the project receives funding, please specify who is funding it:

7) Please indicate how often your study will be requesting data from ADHS, and what options you can accept for secure data transfer.

8) Please describe the measures your project will have in place to secure and protect the data from unauthorized use, or access by unauthorized persons. You should describe any data encryption measures you plan to use.

9) Please describe your anticipated timeline, including the date by which the data will be destroyed.
I acknowledge that, as the principal investigator, I understand that data requested for this project, if approved for release by the Arizona Department of Health Services, will subject both myself and other persons who are involved in this project with access to the shared data to the terms and conditions outlined in the current Data Sharing Memorandum of Understanding between the University of Arizona, and the Arizona Department of Health Services. I further pledge that, as the principal investigator, I and other persons who are involved in this project will fully abide by those terms and conditions.

Principal Investigator