

RWCR Data Request Number: _____

Name: _____

Date: _____

*******APPLICATION TO ACCESS ECPEGT TGI KVT[DATA**

This form must be completed and submitted with each proposal to use data from the Rosemary Williams Cancer Registry (RWCR). This is to assure that appropriate procedures are implemented for the use of RWCR data.

Type of Proposal Submitted:
New
Amended
Continuation/Renewal IRB No.: _____

The RWCR recognizes four categories/levels of security with regard to its release of data for cancer surveillance and research purposes.

- I. Reports of aggregate data stratified by non-confidential data fields (i.e. case counts by race, sex, county, etc.).
- II. Files contain individual, record-level data with no personal identifiers. The file will not contain name, street address, phone number, social security number, date of birth, any reporting facility or physicians involved in the patient's care. The file may contain zip code and county of residence.
- III. Files contain individual, record-level data with personal identifiers, to be used for purposes of record linkage, but not direct patient contact. Once the record linkage is complete, the personal identifiers will be removed from the data set.
- IV. Files contain individual, record-level data with personal identifiers, to be used for research purposes involving direct patient or family contact.

Please choose the category/level that best fits your research request.

Level I

Level II

Level III

Level IV

LEVEL I CHECKLIST

These are reports of aggregate data stratified by non-confidential data fields (i.e. case counts by race, sex, county, etc).

In order to release a Level I data set from the Rosemary Williams Registry, there are two items that must be included in order for the request to be considered.

1. **Completed Level I Application Form**
2. **Signed Assurance Form**
3. **CITI for all researchers**
4. **CV/Bio for all researchers**
5. **HIPAA Certification for all researchers**
6. **Pre-Screening/Interview Form**

*As part of the application, the Rosemary Williams Cancer Registry requests a brief description of the research project as well as a brief description of the Principal Investigator's credentials, education and research interests to be included in the HU Cancer Center Registry's Annual Report. By signing the application, you are giving the Rosemary Williams Cancer Registry permission to use this information in the report. The Registry does reserve the right to edit the submitted descriptions for formatting purposes.

Please submit the requested documents in-person to ORRC or via online submission:

*Office of Regulatory Research Compliance
HURB-1
1840 7th Street NW, Suite 309
Washington, DC 20001*

Online Submission: www.howard.edu/orrc

Contact ORRC at 202-865-8597 with questions regarding the application process.

APPLICATION FORM FOR LEVEL I DATA

I. ORGANIZATION OR INDIVIDUAL REQUESTING ACCESS

A. Date of Request: _____

B. Name of Person Requesting Data: _____

C. Title, Degree and Rank: _____

D. Organization: _____

E. Address: _____

F. City, State, Zip Code: _____

G. Telephone number: _____

H. E-mail Address: _____

I. Fax number: _____

J. Other Person who should be contacted if more information is needed:

Name: _____

Telephone: _____

E-mail: _____

Address (if different from above):

K. Date data are needed: _____

J. All other persons involved with this study who will have access to the data:

Name	Email Address
example: John Block, MD	johnblock@howard.edu

- 1
- 2
- 3
- 4
- 5

II. THE RESEARCH PROJECT

A. Type of cancer(s) or issue being studied:

B. List specific data items and year(s) of data requested.

C. Provide the purpose and intent of requested data. *(This description will be included in the Annual Report)*

D. Provide a brief description of the Principal Investigator (i.e. credentials, education, research interests, etc.). *(This description will be included in the Annual Report).*

III. ASSURANCES

If data from the Rosemary Williams Cancer Registry are used in any publication (or presentation), the following statement must be included:

**Data used in this publication (or presentation) were provided
by the Rosemary Williams Cancer Registry, Washington, DC.**

*A copy of any publication or presentation outline using data from the Rosemary
Williams Cancer Registry should be mailed to the Registry at:*

*Rosemary Williams Cancer Registry
c/o Alfreda Woods, BS, CHES, CTR
Manager
2041 Georgia Ave, NW, Suite 220
Washington, DC 20060*

Name of Person Requesting Data: _____

Signature of Person Requesting Data: _____

IV. Checklist

- A. Completed and signed Level 1 Application Form
- B. CITI for all researchers
- C. CVs for all researchers
- D. HIPAA Certification for all researchers
- E. Pre-Screening Interview/Data Approval Form

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