

REQUEST FOR DATA

Principal Investigator's Name: _____

Telephone: (____) _____ **Email:** _____

Affiliation: UW-Madison: School/Department _____

- Faculty
 Academic staff

Health Department / County _____

Other: _____

Other individuals involved in project:

Name: _____ Email: _____

Data access): direct data use/analysis use of summary data only other: _____

Name: _____ Email: _____

Data access: direct data use/analysis use of summary data only other: _____

Name: _____ Email: _____

Data access: direct data use/analysis use of summary data only other: _____

Name: _____ Email: _____

Data access: direct data use/analysis use of summary data only other: _____

Project title: _____

Purpose of data request:

Exploratory analyses: determining whether or not there is sufficient data to pursue additional questions

Educational project - Title/Topic: _____

For office use only: Assigned data request number _____

| | |
|--|--------------------------------|
| | Class project (specify class): |
| | Other (please describe): |

Preliminary data for grant submission – Funding mechanism/Agency/Title:

Other** _____

Note: **If requesting data for manuscripts, please complete Manuscript Proposal Form. SHOW data cannot be used for manuscripts or meeting abstracts before approval by the SHOW publication committee following the SHOW Manuscript Proposal process.

Insert a brief description of purpose or justification for this data request
(maximum 250 words)

For office use only: Assigned data request number _____

Type of request:

- Summary Data: Complete section A and section C
- Raw Data: Complete section B and section C

Section A: Summary Data Request

Data needed:

Using the codebooks please attach empty tables of all raw and derived variables required, specifying the summary statistics and variable categories in sufficient detail such that someone else can complete the tables. Survey instruments, codebooks, and additional SHOW study policies can be found at: <https://show.wisc.edu/data/>.

If requesting only summary data, skip to Section C: Data Use Agreement

Section B: Raw Data Request

Proposed Timeline/Milestones:

Expected time frame during which you will be analyzing the requested data: _____

Expected date for destruction of data files*: _____

IRB approval:

- SHOW Core Team Member
- Separate IRB protocol by investigator: IRB protocol # _____
 - IRB approved
 - IRB pending
- I request to be a SHOW core team member for the duration of the project

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Data needed:

Using the raw and derived codebooks please provide or attach a listing of all required variables. Survey instruments, codebooks, and additional SHOW study policies can be found at: <https://show.wisc.edu/data/>. Justification and/or IRB approval will be required if you are requesting "Protected Health Information" as defined under the HIPAA Privacy Rule. Please limit your request to only those variables necessary for the proposed use in order to protect confidentiality and integrity of how SHOW data are used by others.

Is this data request associated with SHOW biospecimen request?

- No
- Yes. Request # _____

Section C: Data Use Agreement

By submitting this application, I as the Principal Investigator, agree to the below conditions of use:

I understand that via my application I am agreeing to the following statements and terms (*please check each box below*):

- I agree to use data only for the purpose outlined in this **Request For Data** form. If a secondary use is desired, I will complete a new data request/agreement form.
- I agree to document IRB approval for each proposed use of the SHOW data prior to release of the data by SHOW.
- I agree that I will maintain the confidentiality of the data and not share any SHOW data with persons not included within the applicant group noted on this form. **I assume responsibility for ensuring that my research group members listed on this form are aware of confidentiality requirements and will adhere to all IRB and data privacy and security requirements.** No attempts to identify individuals, families or households will be may be made. We will not disclose or publish data whereby a sample unit or survey respondent could be identified or related to any particular individual, family or household.

For office use only: Assigned data request number _____

I agree that data must be stored on a password-protected drive (personal computer or server). Data should be transferred directly to this drive using UW-Box or other secure method with the assistance of the SHOW Data Team. No other copy of the data is allowed. I agree to permanently delete/destroy dataset files after completion of this project, per the expected date of destruction of data files as noted in the data request.

I agree to submit a manuscript proposal form to the SHOW Publication Committee should I wish to produce a publication based on the requested data and to adhere to the policies outlined in the SHOW Publication Policy. This includes review of a manuscript or abstract at least 2 weeks prior to the submission deadline for publication, if requested by the Publication Committee at the time of approval.

I agree to submit any grant application proposing the use of SHOW data, biosamples or resources to the SHOW Executive Committee for review at least 2 weeks prior to the submission deadline, adhering to policies outlined in the SHOW Ancillary Studies Policy.

I agree to cite the "Survey of the Health of Wisconsin" as a source of the data in all publications proceeding from the proposed study.

I understand that failure to adhere to these terms by me or anyone on my research team will be deemed non-compliant with SHOW policies as well as UW-Madison rules and regulations and at minimum could result in the loss of the opportunity to use SHOW data in the future.

*** SHOW policy on Data Management:**

SHOW has devised the most stringent data security plan that is feasible given the complex nature of the survey design. All data and specimens collected on human subjects in the Survey of the Health of Wisconsin are protected from technical and physical loss and damage and from disclosure of identifiable data from the initial point of collection through interim storage, transport, transmissions, downloads, processing, final storage, and distribution of datasets and specimens.

Per SHOW policies datasets obtained via this request cannot be shared with persons not listed on this request. After completion of your project we request that dataset files are permanently deleted/destroyed.

Please submit completed form to data@show.wisc.edu

For office use only: Assigned data request number _____