

SHOW Manuscript Proposal and Data Request Form

Name: _____

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

Affiliation: UW-Madison: School/Department _____

- Faculty
- Academic staff
- Postdoctoral
- Student Undergraduate MS PhD

Health Department / County _____

Other: _____

1) Title of Manuscript

2) Proposed Writing Group

Name: _____ Email: _____ Check if PI/Mentor

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

Name: _____ Email: _____ Check if PI/Mentor

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

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

Name: _____ Email: _____ Check if PI/Mentor

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

For office use only: Assigned data request number _____

3) Background/Rationale (max 200 words)

4) Goals/Specific Objectives (or hypotheses to be addressed)

5) Keywords (up to five)

6) Type of Study

The primary objective of this manuscript is (check one):

- Description of methods or survey design
- Reporting of empirical results

The manuscript is based on the following (check one or both):

- SHOW core data
- Ancillary Study (please specify)

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7) Data Needed (Please list the variables by name, rather than by topic only. See the SHOW codebooks at <https://show.wisc.edu/data/> for variable names and descriptions. Feel free to email us at data@show.wisc.edu if you have any questions. You may attach a separate listing/spreadsheet if needed).

Years of data collection: _____

Main Outcome(s): _____

Main Exposure(s): _____

Other data [Confounders, Modifiers]: _____

8) Anticipated responsibility for statistical analyses (check one)

- Writing group
- SHOW statistical data center*
- To be determined

*Based on availability and funding. Discuss with SHOW staff.

9) Anticipated type of publication (check all that apply)

- Peer reviewed journal
- Presentation at a scientific conference
- Lay press/media
- Other _____

10) IRB Status

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

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11) Proposed Timeline/Milestones:

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

Expected date for destruction of data files: _____

Notes/Special Requirements:

Data usage 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 provide evidence of IRB approval for 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 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.

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 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 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.

For office use only: Assigned data request number _____

*** 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 _____