

## SHOW Student Project Proposal and Data Request Form

**Name:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Affiliation:** School \_\_\_\_\_ Department \_\_\_\_\_

College \_\_\_\_\_

**Project type:**

- Undergraduate Project
- MPH Capstone
- MS Thesis
- PhD Dissertation
- Other, specify: \_\_\_\_\_

**1) Title of Project**

\_\_\_\_\_

**2) Advisors & SHOW Mentor(s) (Name(s) / Affiliation(s))**

\_\_\_\_\_

\_\_\_\_\_

**3) Background/Rationale (max 200 words)**

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**4) Aims/Specific Objectives** (or hypotheses to be addressed)

**5) Keywords (up to five)**

**6) Type of Study**

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

- SHOW core data
- Ancillary Study (please specify) \_\_\_\_\_

**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](mailto: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]:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**8) Anticipated type of publication** (check all that apply)

- Peer reviewed journal
- Presentation at a scientific conference
- Lay press/media
- To be determined
- Other (please specify)

**9) 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 for the duration of the project

**10) 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**

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**Data Use Agreement**

**By submitting this application, I 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*):

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 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 noted on this form. **I assume responsibility for ensuring that my research team listed on this form is 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.

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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 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 send completed form electronically to [data@show.wisc.edu](mailto:data@show.wisc.edu)

For office use only: Assigned data request number \_\_\_\_\_