1. PROJECT INFORMATION
	1. Due Dates and Anticipated Timeline

Click or tap here to enter text.

1. MEDICAL FACILITIES INFORMATION
	1. Is this a multi-healthcare system project (not just UMMS)? [ ] **Yes** [ ] **No**
	2. UMMS Facilities from which data is requested ***(check all that apply)***

[ ] University of Maryland Medical Center

[ ] UMMC Midtown Campus (formerly Maryland General Hospital)

[ ] UM St. Joseph Medical Center

[ ] UM Baltimore Washington Medical Center

[ ] UM Capitol Region Health

[ ] UM Charles Regional Medical Center

[ ] UM Shore Medical Center at Easton

[ ] UM Shore Medical Center at Chestertown

[ ] UM Shore Medical Center at Dorchester

[ ] UM Shore Emergency Center at Queenstown

[ ] UM Shore Regional Health

[ ] University of Maryland Rehabilitation & Orthopaedic Institute (formerly Kernan Hospital)

[ ] UM Upper Chesapeake Health

[ ] UM Upper Chesapeake Medical Center

[ ] UM Harford Memorial Hospital

[ ] University of Maryland Community Medical Group

[ ] Other (please specify)

1. WHERE DO YOU PLAN TO RECEIVE AND MANAGE THE DATA?

Click or tap here to enter text.

1. HUMAN SUBJECTS RESEARCH INFORMATION
	1. Does your request include any of the 18 elements of PHI? Does your request include any of the 18 elements of PHI? ***(check all that apply)***

[ ] Names

[ ] Geographic subdivisions smaller than a state (Note: this includes ZIP code)

[ ] Elements of dates (except year)

[ ] Ages over 89

[ ] Telephone numbers

[ ] Vehicle identifiers and serial numbers, including license plate numbers

[ ] Fax numbers

[ ] Device identifiers and serial numbers

[ ] Email addresses

[ ] Web Universal Resource Locators (URLs)

[ ]  Social security numbers

[ ] Internet Protocol (IP) addresses

[ ] Medical record numbers

[ ] Biometric identifiers, including finger and voice prints

[ ] Health plan beneficiary numbers

[ ] Full-face photographs and any comparable images

[ ] Account numbers

[ ] Any other unique identifying number, characteristic, or code

[ ] Certificate/license numbers

For further information see <https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html>.

* 1. Genders for which data is requested ***(check all that apply)***

[ ] Male

[ ] Female

[ ] Other

* 1. Ages for which data is requested ***(check all that apply)***

[ ] All Ages

[ ] 0 to 27 days (newborn infants)

[ ] 28 days to 12 months (Infant)

[ ] 13 months to 23 months (Toddler)

[ ] 2 to 5 years (Preschool)

[ ] 6 to 11 years (Child)

[ ] 12 to 17 (Adolescents)

[ ] 18 to 88 years (Adult)

[ ] 89 years and older

* 1. Language(s) for which data is requested ***(check all that apply)***

[ ] English

[ ] Chinese

[ ] French

[ ] Italian

[ ] Japanese

[ ] Korean

[ ] Local Dialect

[ ] Spanish

[ ] Vietnamese

[ ] Other ***(please specify)*** Click or tap here to enter text.

* 1. Races/Ethnicities for which data is requested ***(check all that apply)***

[ ] All Races Included

[ ] American Indian or Alaskan Native

[ ] Asian/Other Asian

[ ] Asian/Vietnamese

[ ] Black or African American

[ ] Hispanic or Latino

[ ] Mixed Race or Ethnicity

[ ] Native Hawaiian or Pacific Islander

[ ] White or Caucasian

1. DATA REQUEST (new section)
	1. Inclusion criteria

Click or tap here to enter text.

* 1. Exclusion criteria

Click or tap here to enter text.

* 1. Expected number of results

Click or tap here to enter text.

* 1. Date range for data extract

Click or tap here to enter text.

* 1. Will this dataset need to be updated in the future? [ ] **Yes** [ ] **No**

If Yes, on what schedule?

Click or tap here to enter text.

* 1. Data elements requested / data dictionary

Click or tap here to enter text.

* 1. Expected Delivery Type (csv, xlsx, etc)

Click or tap here to enter text.

* 1. Please describe the dataset structure you envision (e.g., one table with a row for each patient and columns for MRN, race, age, and admission date; a second table with a row for each lab result with columns for patient MRN, lab type, result, result datetime, etc.

Click or tap here to enter text.

* 1. If you will be providing any data files as part of this request, please describe what they contain and how you anticipate it will be used.

Click or tap here to enter text.

* 1. If you have examples of the sort of case you are interested in (MRNs, Hyperspace screenshots, etc.) please prepare these to be shared during your consultation with the Research Informatics Core team.