Healthix

Research Exchange Application

Research Title

Contact Information

Principal Investigator

First Name:

Last Name:

Organization:

Address:

City:

State:

Zip:

Email:

Phone:

Investigation Team

(In addition to Principal Investigator)

First Name	Last Name	Email	Title	Organization (if different from PI)

Attestation

You attest that:

	PI Initials
You are employed by a not-for-profit organization with a mission consistent with the mission of Healthix and our participants.	
Your research proposal **is not** designed to generate market intelligence, competitive advantage, commercial promotion, or to be used for any other non-Research purposes.	
Your research proposal **will not** compromise the reputation of Healthix or any of its participants Your research proposal is in Compliance with **Healthix Policy**.	
All members of the investigative team have read and agree to comply with all Healthix policies as they pertain to research, specifically **Healthix Privacy and Security Policies and Procedures sections 1.6 to 1.8**.	

Background/Rationale:

Objective/Aims:
Describe research question(s) to be examined.

Research Type:
Reference the **HIPAA Data Reference Guide** for more information.

- ○ **Deidentified Dataset**
- ○ **Limited Dataset**
- ◉ **Identifiable Dataset** (requires Level 2 Consent)

Methods:

Study Population:
List Inclusion and exclusion criteria for patients in the data request. (Deidentified and Limited data sets only)

Proposed Datasets:

The available data may be found in the Healthix Research Data Dictionary. The 'Table of Contents' tab lists the database tables, and following tabs list the available fields in each table. Please choose the fields in each table in Column E by updating the value to 'YES'. The Researcher should ask for the minimum data necessary to answer the question of interest. When complete, save a copy of the excel file and submit with the application.

Healthix Participants:

For deidentified and identified datasets, data from all Healthix participants will be included. For limited datasets, all data from Memorial Sloan Kettering Cancer Center and NYC Health & Hospitals will be excluded. However, written approval may be obtained to include NYC H&H.

Data Registry / Research Repository:

Select all that apply

- ☐ Data Registry
- ☐ Research Repository
- ☐ N/A

Study Period:

Provide the time period during which the study will be conducted, or the Registry or Research Repository will be maintained.

Data Collection Period:

Provide the time period during which the data being requested was entered into Healthix.

Delivery Frequency:

Select One

- ○ Monthly
- ○ Quarterly
- ○ Semi-Annually
- ○ Annually

Dissemination Plan:

Provide the intended use of the results of the study including publication or public presentation. Please also include any commitment to share the results with Healthix prior to publication, notify Healthix of any publication or public presentation, or acknowledge Healthix as a collaborating organization.

Data Security:

Provide a detailed description of the data security measures that will be implemented.

External Funding:

Provide any funding in support of the proposed research not provided by the entity that employs the Researcher.

Anticipated Future Uses:

Typically only applicable if the study will create a registry or research repository. Please describe any anticipated future intended uses, including limits on future uses and potential future collaborators. See section 1.8.2.e of the Healthix Privacy and Security Policies and Procedures for further information.

IRB:

Attach written determination by IRB. Proposals submitted without IRB approval will not be reviewed.

Additional Statements (optional):

Please email this application, IRB approval, and completed list of data elements to **research@healthix.org**