

DC Cohort Data Request Form and Request for Analytic Support

TITLE OF STUDY/ANALYSIS (Descriptive title of the proposed analysis):

PROPOSING INVESTIGATOR(S) (Outside investigators must have sponsorship from site PI.): _____

INSTITUTION(S): _____

NAMES OF ALL STAFF WHO WILL ACCESS DATASET:

PRIMARY CONTACT PERSON: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE/FAX:

(____) - ____ - _____ (phone)

(____) - ____ - _____ (fax)

DATE SUBMITTED: ____/____/____ (mm/dd/yy)

DATE NEEDED BY: ____/____/____ (mm/dd/yy)

FILE FORMAT NEEDED (Please check only one.):

SAS

CSV

XLS

TYPE OF DATA REQUEST (Please check only one.):

Single-site

Cohort-wide

Multiple sites (specify): _____

PURPOSE OF REQUEST (Please check all that apply.):

Grant/contract, specify sponsor, solicitation number, deadline, etc. if applicable:

- Manuscript
- Abstract
- Presentation
- Internal use
- Other (specify): _____

DATA REQUESTED (Please indicate below the types of data required.):

a) Time period/date range: ____/____ (MM/YY) to ____/____ (MM/YY)

b) Analytic population needed:

i. Vital Status (Please check only one.):

- All cases
- Alive
- Dead

ii. Age (Please check only one.):

- All ages
- Adult/Adolescent (13years old or older)
- Adult only (18+)
- Pediatric (12 years old or younger)
- Other (specify age group): _____

iii. Gender:

- All
- Male
- Female
- Transgender

iv. Risk Category (Please check all that apply.):

- Any
- MSM
- IDU
- Heterosexual
- Perinatal
- Other (transfusion, transplant, health care worker)
- No identified risk

v. Clinical Indicator

- None
- CD4 > ____
- CD4 < ____
- Viral load > ____
- Viral load < ____

vi. ARV Status

Not specified

Naive

Any experience

Specific experience, specify: _____

c) Additional Specifications/Variables: _____

RECEIPT OF DATA (Please check all that apply.):

Electronic

Mail

In person

REQUEST FOR ANALYTIC SUPPORT (optional):

Yes

No