

REQUEST TO USE DATA FROM A DATASET
HELD BY THE NEVADA STATE HEALTH DIVISION
FOR A RESEARCH PURPOSE OR PROJECT ACTIVITY

REQUESTOR

name of principal investigator:

email:

ENTITY

organization:

name of study or project sponsor:

source of funding:

STUDY OR PROJECT

study or project title:

study abstract or project summary

Has the study or project been approved by an institutional review board? yes no not required

name of IRB:

date of IRB approval:

Do you intend to contact anyone to obtain additional information using any of the data you're requesting? yes no

DATA REQUESTED

Are you requesting confidential information? Confidential information refers to data that is sufficient either directly or indirectly to identify an individual. yes no

If you are requesting confidential information, how will you store, secure, and dispose of the data once the study or project is complete?

name of dataset:

What data elements are you requesting?

After your application has been reviewed, you may be asked to submit additional information before receiving a response to your request. If your application is approved, you may also be required to sign various agreements depending on the dataset and data elements requested.