Real world evidence DATA REQUEST FORM

Please complete the form below and submit to [NCDRresearch@acc.org](mailto:NCDRresearch@acc.org). Failure to complete all fields will result in the form being returned to you, which will delay processing of your request.

|  |  |
| --- | --- |
| **CONTACT INFORMATION** | |
| Requester Name: |  |
| Anticipated Collaborator(s): |  |
| Requester’s Organization: |  |
| Requester’s Address: |  |
| Requester’s City: |  |
| Requester’s State: |  |
| Requester’s Zip Code: |  |
| Telephone Number: |  |
| E-mail Address: |  |

*Please select the NCDR registry/ies relevant to this request:*

**AFib Ablation Registry™**  **IMPACT Registry®**

**CathPCI Registry®**   **LAAO Registry™**

**Chest Pain - MI Registry ™**  **PINNACLE Registry®**

**Diabetes Collaborative Registry®**  **PVI Registry™**

**EP Device Implant Registry™**  **STS/ACC TVT Registry™**

1. **Purpose of Request**

*Please state the purpose of this request. NOTE: This form is for custom analytic requests that are* ***not*** *intended to support oral or poster presentations, manuscripts in peer review publications, or other public release of information. Providing as much detail as possible will help expedite your request.*

1. Source of Funding

*Please provide a brief explanation of the source, description and amount of funding that will pay for this request (e.g., grant, industry, etc.).*

1. **Intended Use of Data**

*Please state the intended use of data. If data are to be used for internal research purposes, please attach a copy of your study protocol with background, methods, and references.*

1. SCOPE OF REQUEST

*Please provide the following details to define the scope of your request: inclusion/ exclusion criteria, provide a list of the variables and the corresponding variable numbers (4-5 digit # next to each variable) as part of your request (go to the Registry website and review the available variables within the respective data collection form- https://cvquality.acc.org/NCDR-Home/Data-Collection/What-Each-Registry-Collects),time period to be analyzed, preferred statistical methods, and specify any sub-groups, special categorizations, pre-defined ranges, etc.*

1. FORMAT SPECIFICATION

*Please select your preferred output format(s):*

***MS Excel Spreadsheet(s)***

***Aggregated Analytic Data Tables***

***Recurring, customized data exports***

***Specify the frequency of exports:***

*Please note: The HIPAA Privacy Rule states the Minimum Necessary Standard applies when using or disclosing protected health information (PHI). The ACC takes reasonable steps to limit the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose.*

**Submit application and/or questions to** [**NCDRresearch@acc.org**](mailto:NCDRresearch@acc.org)**.**