DATA REQUEST FORM

This Data Request Form is to be completed 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. Please complete the form below and e-mail to [NCDRresearch@acc.org](mailto:NCDRresearch@acc.org).

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

*Please check 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™**

**ICD Registry™**  **STS/ACC TVT Registry™**

**Purpose of Request**

*Please state the purpose of this request. Providing as much detail as possible will help expedite the processing of your request.*

**Intended Use of Data**

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

SCOPE OF REQUEST

*At a minimum, please provide the following details to define the scope of your request: inclusion/exclusion criteria, list of variables (go to Registry website and review the available variables -* [*http://cvquality.acc.org/*](http://cvquality.acc.org/)*) and time period to be analyzed, preferred statistical methods, specify any sub-groups, special categorizations, pre-defined ranges, etc.*

Source of Funding

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

FORMAT SPECIFICATION

*Please select your preferred output format:*

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

***Aggregated Analytic Data Tables in ASCII text format***

***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.*