

Synthetic Healthcare Database for Research Data Request Form



Agency for Healthcare Research and Quality (AHRQ) Request for Synthetic Healthcare Database for Research (SyH-DR)

INSTRUCTIONS FOR COMPLETING THE SYH-DR REQUEST FORM AND DATA USE AGREEMENT

Please reference the below terms and definitions as you complete the SyH-DR request form and DUA:

- **Collaborating Organization:** Organization that works with the requesting organization. If the data custodian does not want to assume responsibility for the data security of a collaborating organization, then the collaborating organization should request the data separately.
- **Data Custodian:** Individual who will be responsible for observance of all conditions of use on behalf of the requesting organization, including the establishment and maintenance of security arrangements to prevent unauthorized use. Please note that if the data custodian does not want to assume responsibility for the data security of a collaborating organization, then the collaborating organization should request the data separately.
- **Data Requester:** Individual responsible for submitting the complete SyH-DR application on behalf of the requesting organization and who will act as the primary point of contact between AHRQ and the requesting organization. Please note there can only be **one** Requester per SyH-DR application.
- **Data User:** Individual(s) who will have direct access (on site or VPN) to raw data and analytic files.
- **Title of Study/Project:** A name assigned by the Requesting Organization to the intended research for which the SyH-DR data will be used. The Data Requester should enter this name on the SyH-DR request form, and the Data Custodian and Data Users should include this name within the signature blocks on the DUA.
- **Requesting Organization:** Primary organization requesting the data.

Please submit any questions, the completed request form, and signed DUA(s) to DataInnovations@ahrq.hhs.gov.

Agency for Healthcare Research and Quality (AHRQ) Request for Synthetic Healthcare Database for Research (SyH-DR)

1. Title of Study/Project: _____

2. Data Requester Information

First Name: _____ Middle Initial: _____

Last Name: _____

Title / Position: _____

Requesting Organization/Affiliation: _____

Type of Organization: Not for Profit For Profit Other _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone Number: _____

3. Data Custodian Information *(Please leave blank if the Data Requester will serve as the Data Custodian.)*

First Name: _____ Middle Initial: _____

Last Name: _____

Title / Position: _____

Requesting Organization/Affiliation: _____

Type of Organization: Not for Profit For Profit Other _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone Number: _____

4. Please provide the names and affiliations (requesting organization or collaborating organizations) of all individuals on your research team who may access the requested data as part of this application.

Data User	Affiliation

5. In the space provided below, please describe your intended use of the SyH-DR data (250 words or less).

Your response should include the following:

- A clear statement of the research questions you plan to address.
- The overall purpose and goals of your research.
- An explanation of how you and/or your organization will use the output generated from your SyH-DR analyses.
- The expected final products and anticipated audiences (e.g., client reports, peer-reviewed manuscripts). If your audience includes clients, please describe the type of clients you serve.

6. How did you hear about SyH-DR? (Please check one box.)

- AHRQ/SyH-DR Website Conference Publication Colleague
 AHRQ Outreach Email Other: _____

7. Confirmation and Signature

- I have read all information on the SyH-DR web page, including the data use agreement (DUA), and understand that the use of this database is restricted to the individuals named on this application.
- A signed DUA for all individuals named on this application is included with this request.
- I understand that my complete application must be approved by AHRQ before I receive access to SyH-DR. AHRQ shall have sole discretion with respect to the determination of SyH-DR access approval.

Data Requester E-Signature (select E-Sign in upper left):

Date: