

**Agency for Healthcare Research and Quality (AHRQ)  
Hospital Survey on Patient Safety Culture Database  
Hospital-Identifiable Research Abstract Form**

**Instructions**

Please use this form to describe the research for which you require hospital-identifiable AHRQ Surveys on Patient Safety Culture™ (SOPS™) data. Save this completed form with your last name in the file name (e.g., "Smith Hospital-Identifiable Research Abstract.doc") and submit to [SOPSResearchData@westat.com](mailto:SOPSResearchData@westat.com) (Subject line: SOPS Hospital-Identifiable Research Abstract Request). Please do not use more space than what is provided in the boxes below.

**Project Title**

**Purpose**

**Hypotheses**

**Methodology** [Specify measures and proposed analyses, including level of analysis, e.g., hospital-level.]

**Expected Project Timeline**

**Data Year(s) Requested**

**Expected Outcomes of the Research/How Results will be Presented**

**Funding Sources** [Include grant or contract number.]

**Institutional Review Board:** Does your organization have an Institutional Review Board (IRB)?

Yes

No

If Primary Contact is a student, please also provide Other Contact/Supervisor Information below.

**Primary Contact Information**

Name:

Title:

Organization:

Address 1:

Address 2:

Phone:

City, State, ZIP:

Country:

Email:

Link to CV/Website (optional):

**Other Contact/Supervisor Information**

Name:

Title:

Organization:

Address 1:

Address 2:

Phone:

City, State, ZIP:

Country:

Email:

Link to CV/Website (optional):

If there are more individuals who will be working with the data on this project, please provide their contact information as well.