



**District of Columbia Government
 Department of Health
 Center for Policy, Planning and Evaluation
 State Center for Health Statistics
 Vital Records Division**

**REQUEST FOR USE OF DATA WITH IDENTIFIERS
 & STATEMENT OF ASSURANCES**

For Office Use Only

Data Request Application No.: _____ Date Received: _____ Date Reviewed: _____	Approval Status (Signature and date) Conditional: _____ Unconditional: _____ Pending: _____ Disapproved: _____
---	--

I. ORGANIZATION OR INDIVIDUAL REQUESTING USE OF DATA

Project Director: _____

Title: _____

Agency/Department: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ **Fax:** _____

II. SUMMARY OF STUDY PROTOCOL OR PROJECT ACTIVITIES

Title of Study/Project: _____

Name & Address of Project Sponsor(s): _____

Please answer the following questions below:

1. Institutional Review Board for the Protection of Human Subjects:

(a) Has this project been reviewed and approved pursuant to the D.C. government guidelines for the protection of human subjects as laid out in the 42 U.S.C. § 289 (Health Research Extension Act of 1985 § 2) and; District of Columbia Municipal Regulations ([Title 29 DCMR Section 2822](#)).

Yes _____

No _____

Note: This request will be disapproved if any proposed use of the data contradicts any DC or federal laws or regulations or the applicant's assurances

(b) If yes, give the date of approval below and attach a copy of the approval application.

If no, state reasons why?

2. Type of Data Requested: (Check all that apply)

Birth___ Death___ Fetal Death___ Marriage___ Divorce___

Other_____

3. Format of Data Requested: (check all that apply)

Paper Certificates _____ Electronic Data Files _____

4. Please include the following information in the description of your research plan or project activities *(Please note failure to provide this information may cause the Registrar to disapprove the application):*

(a) Statement of the problem addressed by your study/project.

(b) Objectives, including hypotheses to be tested, if any, or research questions to be answered.

(c) Provide a brief summary of the analyses or project activities that will be performed, indicating specifically how data obtained from the State Center for Health Statistics (SCHS) will be used. If there has to be contact with individuals whose data are requested, please indicate.

(d) Describe any data files that will be linked with the SCHS data and specify the source of these data files.

(e) Indicate how the results of your study or activities will be released. D.C. Government agencies must submit the results of the study or project for review by the SCHS.

III. OTHER DATA USERS AND USES

Please answer the following questions below:

1. (a) For the purpose of this research or project, as described in section II above, will any of the data with identifiers be used by other organization; for example, other divisions, agencies, consultants, contractors and/or subcontractors?

Yes _____ No _____

- (b) If yes, please indicate the name (if known, otherwise indicate the type of organization) of any other organization and its role in this research project.

- (c) Describe safety precautions that exist (or will be implemented) to insure that the data will be used solely for the purposes of this research or project.

2. (a) Will any of the data with identifiers be used as a basis for legal, administrative, or other actions, which may directly affect particular individuals or establishments as a result of their specific identification in this project?

Yes _____ No _____

- (b) If yes, please explain:

3. (a) Will the data with identifiers be used either directly or indirectly for any research project other than the one described in section II above?

Yes _____ No _____

- (b) If yes, briefly describe the other research project(s) or purpose(s) for which these data will be used. (Attach a separate Request Form) for each research or project, which will be using identifiable data obtained from the Registrar.

IV. APPLICANT ASSURANCES

Data Request Application No.: _____
(If known)

The undersigned hereby agrees to the following terms and conditions related to this request for use of data with identifiers obtained from the State Center for Health Statistics (SCHS).

1. The data with identifiers obtained from the Registrar will be used only for research, statistical or administrative purposes. No data will be published or released in any form if a particular individual or establishment supplying the information or described in it is identifiable. Furthermore, the identifiable information will not be used as a *basis for legal, administrative, or other actions*, which directly affect those particular individuals or establishments as a result of their specific identification in this project.
2. The data with identifier obtained from the Registrar will be used only for the study proposed and the purposes described in section II: "Summary of Study Protocol or Project Activities." Use of the Information for any purpose other than stipulated and described in section II, will not be undertaken until after a separate *request form* for that project has been submitted to, and approved by the Registrar.
3. Anyone who is permitted to access the data shall sign a sworn statement to keep the data confidential.
4. All the statements made in this application are true, complete, and correct to the best of my knowledge and belief.
5. D.C. government agency reports emanating from use of this data will be reviewed by the SCHS prior to publication.
6. If this project is ongoing, applicant must submit this assurance page annually with a "live" signature

Note: Please print this document and provide a signature. Be advised that this request/application will be voided if the required signature is not provided.

Name: _____

Title: _____

Organization: _____

Signature: _____

Date: _____