**Data Request Form**

## The purpose of this form is to help us understand your research and evaluate it for scientific merit and feasibility. Please answer each question. If a question is not applicable, enter NA, but please do not leave blanks.

1. Project title
2. Name of Primary Investigator

# Contact Information

## Please provide information for the primary contact for this data request

1. Primary Contact
2. Contact Title
3. Contact Affiliated Organization
4. Contact Telephone Number
5. Contact E-mail Address
6. Co-Investigator(s)

# About the project

1. Registry to be used (Single Select)
   1. CTC – CT Colonography Registry
   2. GRID – General Radiology Improvement Database
   3. LCSR- Lung Cancer Screening Registry
   4. NMD – National Mammography Database
   5. DIR – Dose Index Registry
2. What is your research question?
3. Background/rationale
4. Inclusion/exclusion criteria
5. Time frame to be studied
6. Relevant registry variables (if known).
   1. If easier, you can attach a document listing the relevant registry variables.
7. Desired date for receipt of analysis
8. Relevant references
9. Additional information as attachment (e.g. list of data elements from data dictionary, table specifications, sample tables)
   1. **File attachments Highly recommended to streamline approval** process and analysis

# Target audience and dissemination plans

1. Target Audience (multi-select)
   1. Internal Use Only
   2. Share with Organization(s)
   3. Peer-Reviewed Publications
   4. National Meeting
   5. Commercial Application
2. Dissemination Plans
   1. Please specify he organization and capacity, meeting including date, or commercial application.

# Project funding

1. Project Funding
   1. Government
   2. Non-Profit Organization
   3. Industry / For-Profit Organization
   4. Other
2. Funding Organization Name