

Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative  
(MSTCVS QC)

**Data Request Form**

Please answer each question; if a question is not applicable, enter "N/A"

|  |  |
|--|--|
| 1. <b>Date of submission</b> (mm/dd/yy)                        |  |
| 2. <b>Data are only released to MSTCVS members.</b>            |  |
| <b>Are you a MSTCVS member?</b>                                |  |
| 3. <b>MSTCVS Quality Collaborative hospital you represent:</b> |  |
| <b>Hospital Name</b>   |  |

Financial support for this research (all applicable)

|   |  |
|---|--|
| 4. <b>Name of government agency or non-profit organization funding all or part of this research</b> |  |
|---|--|

Administrative information

|  |  |
|--|--|
| 5. <b>Project title</b>                        |  |
| 6. <b>Principal investigator</b>               |  |
| 7. <b>Co-investigators</b>                     |  |
| 8. <b>Corresponding contact name and title</b> |  |
| 9. <b>Contact address</b>                      |  |
| 10. <b>Contact telephone number</b>            |  |
| 11. <b>Contact e-mail address</b>              |  |

Project description

|   |   |
|---|---|
| 12. <b>What is your research question?</b>  |   |
| 13. <b>What is the background/rationale of the research question?</b>                   |   |
| 14. <b>List citations</b> (i.e., relevant references in the literature)                 |   |
| 15. <b>Inclusion/exclusion criteria</b> (i.e., population to be analyzed)               |   |
|   |   |
| 16. <b>Relevant STS variables</b> (if known)  | Checked off in attached excel spreadsheet |
| 17. <b>Deadline for receipt of data</b> (enter latest possible delivery date: dd/mm/yy) |   |

Data use

|   |  |
|---|--|
| 18. <b>Are these data for internal research purposes only?</b> (yes/no)   |  |
| 19. <b>If requesting party will seek to share data with persons not already listed on this request, list the organizations with which data would be shared and in what capacity?</b> (e.g., FDA for a clinical trial, NIH for a grant proposal, consultant for project development) |  |
| 20. <b>Peer-reviewed publications to which submission is anticipated</b> (if any)   |  |
| 21. <b>National meetings at which abstract presentation is anticipated</b> (if any)   |  |

Clarifying supplementary information

23. **If the request is not self-evident from the above information, write or paste in below a summary of the request and/or instructions on data output (e.g., table specifications, sample tables).**

Internal Review Board

24. **The MSTCVS may require local IRB approval prior to granting data requests. Has this project been granted IRB approval or waiver at your institution?**

**\*If yes, please attach local IRB documentation.**

**If IRB approval is required, would you like the MSTCVS coordinating center to request IRB approval from the University of Michigan on behalf of this project?**