

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>	
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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?**