

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

Data Request Form

Please answer each question; answer NA if not applicable

1. Date of submission (<i>mm/dd/yy</i>)			
2. Are you a MSTCVS Member <small>(Data are only released to MSTCVS members)</small>			
3. MSTCVS Quality Collaborative hospital you represent:			
Hospital Name:			
4. Which MSTCVS database(s) are you requesting data from?	<input type="checkbox"/> Adult Cardiac Surgery	<input type="checkbox"/> General Thoracic Surgery	<input type="checkbox"/> PERForm Registry

Project Funding (if applicable)

5. Name of organization or government agency funding all or part of this project (<i>if any</i>):	
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Administrative Information

6. Project Title:	
7. Primary Collaborator:	
8. Senior Collaborator:	
9. Co-Collaborators:	
10. Corresponding Contact Name and Title:	
11. Contact Address:	
12. Contact Telephone Number:	
13. Contact E-mail Address:	

Project Description

14. What QI question or opportunity for improvement is this project addressing?	
15. What is the background or rationale for the request?	
16. Relevant references, if applicable:	
17. Inclusion/exclusion criteria: (<i>i.e., what patient population is being reviewed?</i>)	
18. Relevant STS variables: <small>(if known)</small>	

19. **Target date for receiving data:** *(please provide the latest acceptable date: dd/mm/yy)*

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Data Use

20. **Are these data being requested solely for internal QI purposes?**
(yes/no)
(If no, please clarify how the data will be used within the scope of the MSTCVS QI framework)

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21. **Will the data be shared outside of your local QI team or MSTCVS QC participants?** *(If yes, list all entities and describe how data will be used to support QI)*

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22. **Are there plans to submit findings for presentation at local or national meetings?**
(Note: All submissions must be consistent with QI framing)

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23. **Meetings at which abstract presentation is anticipated:**
(if any)

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24. **If there are plans to disseminate findings through publication, please list the target journal(s):**

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Clarifying Supplementary Information

25. **If additional clarification is needed, please provide a brief summary of the data request and any specific instructions for data output.**
(e.g., desired tables, format, or variables)

Internal Review Board

26. **Has this project been approved by your institution's IRB office?**

Yes _____ **No** _____

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