

**Appendix 2: Secure IBIS-PH Access Request: Research Projects**

**Secure IBIS-PH Access Request: Research Projects**

Name of Principal Investigator/Project Authority: \_\_\_\_\_

Study Title: \_\_\_\_\_

Purpose of the Study: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address (for research organization): Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please indicate which **data topic(s)** that will be studied in this research project. **If you need to access data topics at different geographic areas (e.g., if your research project required you to access mortality data at a state level, but to access birth defect data only for certain local health districts), please attach a detailed explanation of the specific geographic areas needed for each data topic requested.**

- |                        |                          |                                      |                          |
|------------------------|--------------------------|--------------------------------------|--------------------------|
| <b>Cancer Registry</b> | <input type="checkbox"/> | <b>Blood Lead Levels</b>             | <input type="checkbox"/> |
| <b>Mortality</b>       | <input type="checkbox"/> | <b>Inpatient Hospital Discharges</b> | <input type="checkbox"/> |
| <b>Births</b>          | <input type="checkbox"/> | <b>Emergency Department Visits</b>   | <input type="checkbox"/> |
| <b>Birth Defects</b>   | <input type="checkbox"/> | <b>Air Monitoring Data</b>           | <input type="checkbox"/> |
|                        |                          | <b>Drinking Water Sample Data</b>    | <input type="checkbox"/> |

Please indicate which **geographic area(s)** that will be studied in this research project:

**State of Utah**

**or specific geographic areas(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the **geographic unit(s)** by which you need the data stratified:

- |                               |                          |                      |                          |
|-------------------------------|--------------------------|----------------------|--------------------------|
| <b>Local Health Districts</b> | <input type="checkbox"/> | <b>Counties</b>      | <input type="checkbox"/> |
| <b>Zip Codes</b>              | <input type="checkbox"/> | <b>Census Tracts</b> | <input type="checkbox"/> |
| <b>Census Blocks</b>          | <input type="checkbox"/> |                      |                          |

**Appendix 2: Secure IBIS-PH Access Request: Research Projects**

Please indicate the **time period** that will be studied in this research project:

**Start Year:** \_\_\_\_\_ **End Year:** \_\_\_\_\_

Please indicate the **time unit(s)** by which you need the data stratified (i.e., by day, by year, by 3 year groups, etc.):

---

---

Please indicate the **demographic and diagnostic characteristics or environmental pollutants** that will be studied in this research project (i.e., 0-14 year old children & leukemia, ozone, etc.):

---

---

Please indicate the **Unit** by which you need the demographic and diagnostic characteristics or environmental pollutants stratified (i.e., 5-year age/sex strata, 24-hour  $\mu\text{g}/\text{m}^3$ , etc.):

---

---

**Research Project Personnel**

**Please list all research project personnel that will have access to any form of the Secure-IBIS data, or other Utah Tracking Network data, and their role in the use of the data. (Attach additional sheets if necessary.)**

**All individuals who are involved in the research project in any way (whether they need to directly log into Secure IBIS-PH, otherwise directly handle secure data, perform an administrative function, or be involved in discussions related to the data) must complete a separate Data-use Agreement Form (Appendix 4). These research project personnel are not required to submit a separate application. Only one complete application is required per research project.**

**Research Project Personnel (Name)      Position Title      Role in access to Secure-IBIS-PH data**

---

---

**Appendix 2: Secure IBIS-PH Access Request: Research Projects**

---

---

---

\_\_\_\_\_  
Signature of Principal Investigator/Project Authority

\_\_\_\_\_  
Date

Attachment A: Data-use Agreement Form (required)

Attachment B: Research Proposal (required)

Attachment C: IRB Approval (must be submitted upon receipt)

Attachment D: Letters of Support (optional)

*(This section to be completed by the Data Owner(s) and Utah Tracking Program)*

Data Owner Signature and Comments

\_\_\_\_\_  
Query Module

\_\_\_\_\_  
Signature

Access Approved

Access Denied

Need Additional Information

Comments:

**Appendix 2: Secure IBIS-PH Access Request: Research Projects**

*(Each data owner will be provided a separate copy to sign and provide comments.)*

Data Owner Signature and Comments		
<hr/>		
Query Module		Signature
Access Approved <input type="checkbox"/>	Access Denied <input type="checkbox"/>	Need Additional Information <input type="checkbox"/>
Comments:		

Data Owner Signature and Comments		
<hr/>		
Query Module		Signature
Access Approved <input type="checkbox"/>	Access Denied <input type="checkbox"/>	Need Additional Information <input type="checkbox"/>
Comments:		

Your application has been reviewed and approved.	
<hr/>	<hr/>
Utah Tracking Program Manager	Date approved