



**RESEARCH RESOURCE REQUEST**

Instructions for completing this form and contact information for INVESTD-R are on page 3.

**A. GENERAL INFORMATION**

- A. 1. Date of Request
- A. 2. Title of Project/Study Requesting Data

**B. CONTACT INFORMATION**

**B. 1. Requester**

Name  
 Title/Degrees  
 Institution  
 Phone Ext. Email  
 Alt. Phone Ext. Alt. Email  
 VA Status  VA Employee  VA WOC/IPA  Not affiliated  
 Other, please specify:

**B. 2. Administrative Point-Of-Contact**

Name  
 Phone Ext. Email  
 Alt. Phone Ext. Alt. Email

**C. REQUESTED COOPERATIVE STUDIES PROGRAM (CSP) RESOURCE INFORMATION**

**C. 1. List CSP study numbers that you are requesting resources from.**

**C. 2. For any of the studies listed in C.1., will you (check all that apply):**

- Request existing CSP data  Request existing CSP biospecimens
- Link CSP data to other data sources  Contact CSP study participants

**C. 3. Does any of the data requested in C. 2. need to include any of the 18 Protected Health Information (PHI) identifiers? (See 45 CFR § 164.514 (b)(2)(i))**

- No, the requested data do not include any of the HIPAA Identifiers or no data was requested (*proceed to D.*)
- I am unsure - or - this information is unknown (*proceed to D.*)
- Yes, requested data includes PHI (*continue to C. 4.*)

**C. 4. For data requested in C. 2., what types of identifiers will be needed? (Check all that apply; refer to instructions for full descriptions of categories.)**

- Direct Identifiers** (Names; biometric identifiers, including finger and voice prints; full face photographic images and any comparable images; social security numbers; medical record numbers; health plan beneficiary numbers; and/or any other unique identifying number, characteristic, or code)
- Indirect Identifiers** (Telephone numbers; fax numbers; electronic mail addresses; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web Universal Resource Locator (URLs); and/or Internet Protocol (IP) address numbers)
- Any geographical subdivisions smaller than a State**, including street address, city, county, precinct, zip code, and their equivalent geocodes.
- Any elements of dates** (except year) for dates directly related to an individual and all ages over 89 and all elements of dates (including year) indicative of such age.

**RESEARCH RESOURCE REQUEST****D. STUDY INFORMATION** (See RRR instructions for additional information about these items.)

**D. 1. Narrative** (Describe why you are interested in accessing CSP data and/or specimens for your research. Use lay terminology. Limit your response to 3 sentences.)

**D. 2. Abstract** (Provide a brief overview of your research or attach NIH-style abstract. If request is part of a larger effort, briefly explain the larger effort. Attach the full protocol to this application.)

**D. 3. Relevance of this study to the VA and/or Veterans** (Limit your response to 5 sentences.)

**D. 4. Co-Investigators** (If applicable.)

Name

Role

Institution

**E. FUNDING INFORMATION****E. 1. Is your project/study currently funded?**

No → Proceed to **E. 2.**

Yes → E. 1. a. Name(s) of sponsor(s).

E. 1. b. Funding Dates:

i. Start

ii. End

**E. 2. Are you seeking funding for your proposed project?**

No

Yes → E. 2. a. Name(s) of proposed sponsor(s).

E. 2. b. Proposed Funding Dates:

i. Start

ii. End

## RESEARCH RESOURCE REQUEST INSTRUCTIONS

Please contact [INVESTDR@va.gov](mailto:INVESTDR@va.gov) if you have any additional questions.

### A. GENERAL INFORMATION

A. 2. Provide the name (or proposed name) of your study/project.

### B. CONTACT INFORMATION

If additional space is required for your responses, please attach additional pages as needed.

B. 1-2. For "Name", provide prefix (e.g., Ms./Mr.), first and last name, and middle initial.

B. 2. Provide contact information for project's primary point-of-contact other than Principal Investigator.

### C. REQUESTED CSP RESOURCE INFORMATION

C.1. Please refer to the list of CSP Studies (<https://www.vacsp.research.va.gov/CSPEC/Studies/INVESTD-R/Data-Access-Studies.asp>) for CSP Study numbers and names.

C. 2. Check all boxes that apply. For "Link CSP data to other data sources", "Other data sources" may include, but are not limited to: National Death Index (NDI), operated by Center for Disease Control (CDC); Centers for Medicare & Medicaid Services (CMS), operated by the Department of Health and Human Services (HSS); Surveillance, Epidemiology, and End Results Program (SEER), operated by National Institute of Health (NIH), National Cancer Institute (NCI); and Corporate Data Warehouse (CDW), operated by VA Informatics and Computing Infrastructure (VINCI).

C. 4. **Geographical data** include: "Any geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial 3 digits of the zip code if according to current Census data: (1) the geographic unit formed by combining all zip codes with the same 3 initial digits contains more than 20,000 people; and (2) the initial 3 digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000."

**Dates** include: "Any elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older."

### D. STUDY INFORMATION

Limit your responses to the space provided. Only add attachments if indicated here.

D. 1. Provide a brief overview of your research or attach NIH-style abstract. If request is part of a larger effort, briefly explain the larger effort. If available, attach the full protocol to this application.

D. 2. Describe why you are interested in accessing CSP data and/or specimens for your research. Use lay terminology. Limit your response to 3 sentences.

D. 3. Limit your response to 5 sentences.

D. 4. If you have more than 3 co-investigators, please attach an additional page.

### E. FUNDING INFORMATION

If additional space is required for your responses, please attach additional pages as needed. If you currently have funding and are seeking additional funding, complete both sections.

E. 1. b. i. From your current grant(s), list the earliest start date.

E. 1. b. ii. From your current grant(s), list the latest end date.