**GUIDANCE:** Complete this form and email it to [honestbroker@coh.org](mailto:honestbroker@coh.org). Include a copy of IRB Approval letter if requesting PHI data. If you have a list of patients or specimens, please provide a copy as well.

**NEXT STEPS:** You will receive a JIRA notification that your request has been submitted. Your request will be reviewed by the Honest Broker team and you will be contacted subsequently.

**TURNAROUND TIME:** The data request resolution time can vary between 7 days to 14 or more days depending on the complexity of the request. Requests that require data mining, use of NLP, and collaboration with other teams are considered more complex. Please note that changes to the scope of the original request can also result in increase of resolution time.

**Honest Broker and POSEIDON Acknowledgment**

As part of the service we provide, we kindly ask that you acknowledge POSEIDON and Research Informatics in any publications that leverage these data, analysis tools and platform.

For your convenience, we have drafted a verbiage that can be used:

***“The authors would like to acknowledge the CoH Center for Informatics and for the utilization of the POSEIDON* p*latforms for data exploration, visualization, analysis, and discovery.”***

|  |  |
| --- | --- |
| **Requester Information**  (Name, Employee #, Phone number, Email address)  \*Preferred method of communication |  |
| **Principal Investigator Information**  (Name, Employee #, Phone number, Email address) |  |
| **Does this study involve an investigator outside of COH?**  (If so, is BAA in place?) |  |
| **Will you be working with a Biostatistician?** | Yes  No  Biostatistician’s name: |

**IRB PROTOCOL DETAILS:** skip this section if no PHI data is requested.

*If requesting PHI data,* ***must submit a copy of IRB Approval*** *letter with intake form per HB protocol.*

*\*Any patient or specimen data collected as part of 07047 protocol, requires a secondary IRB protocol to be used for research.*

|  |  |
| --- | --- |
| **IRB Protocol#** |  |
| **IRB approval for PI access to PHI?** | Yes  No |

**TELL US MORE ABOUT YOUR REQUEST**

|  |  |
| --- | --- |
| **Request Type** | Consent check  Feasibility (Towards IRB application; estimate of # of patient/specimens count meeting study criteria)  Aggregate data (Research publications or clinical trial participation; Patient count that satisfy eligibility criteria)  Cohort list: Identifying patients/specimens per provided criteria (requires IRB)  Other, specify: |
| **Request Objective(s)/ Research Aim(s)** |  |
| **Intended Use of Data** | Grant Application  Grant Name (if available):  Specify Due Date (if available):  Preliminary Research analysis with intent to publish  Manuscript Publication  Title of Manuscript:  Name of Journal:  Other, specify: |

**DATA DETAILS:**

|  |  |
| --- | --- |
| **Patient Inclusion Criteria:**  (Ex: date range, ICD-10 codes, ICD-O codes, CPT codes, specific diagnosis, pathology diagnosis, patient age, sex, race/ethnicity, etc.) |  |
| **Expected output**  (Columns to be included on the report; include template if available) |  |
| **Data Source (if applicable)** | Epic  Legacy EHRs  Cancer Registry  Bio-Specimens (LIMS)  Oncore (Clinical Trial Data)  MIDAS (Transplant Data)  Other, specify: |
| **Other Data (if applicable)** | Genomic data, specify what level (Ex: DNA, RNA, Germline, Tumor, Somatic, vcf, bam/cram, fastq):  Tissue data:  Solid  Liquid |
| **Additional Note** |  |