

BACKGROUND: This Data Request Form is for submission by any investigator who wishes to obtain summary counts to help with a grant application. A CRN representative will review each request with respect to feasibility, priority, effort, and consistency with CRN objectives.

Depending on the nature of the request, the CRN may require that investigators not affiliated with the CRN identify a CRN investigator who is interested in collaborating on the project before completing the data request. Please note that these data are provided only for preparatory to research purposes and should not be used for other purposes, such as inclusion in presentations or publications, without explicit permission from contributing sites and the Coordinating Center. They may contain proprietary Site information, therefore permission is needed from each contributing Site to use that Site's numbers for any purpose. Please email cancer-research-network@kp.org if you have any questions about requesting data.

PLEASE NOTE

As of 2018, the CRN operates as an unfunded consortium with only volunteer support. We will do our best to respond to requests.

Data Request Form

Submit this form to initiate the data request process. Please provide as much of the requested information as possible. The CRN will follow up with questions as necessary.

Requestor Name *

First

Last

Institutional Affiliation

Phone

Email Address *

Date Needed

Please allow 4-6 weeks for return of results.

Please describe the nature of your request (e.g., preparatory to research, feasibility determination)

If applicable, list any funding mechanism(s) you plan to pursue or have already secured for your research.

Provide a brief, high-level summary of your proposed research.

Include questions you hope to answer, hypotheses you want to test, and how your research aligns with CRN goals.

Describe the specific information you hope to obtain from this data request.

Example: "I would like to know the number of patients aged ≥ 25 when newly diagnosed with condition X during 2008–2012 who received procedure Y within 6 months after diagnosis. I would like to see this information stratified by diagnosis year, gender, and age at diagnosis."

If applicable, check the CRN sites for which you are requesting this information.

- Geisinger Health System*
- Harvard Pilgrim Health Care Institute*
- HealthPartners*
- Henry Ford Health System
- Kaiser Permanente Colorado
- Kaiser Permanente Hawaii
- Kaiser Permanente Northern California
- Kaiser Permanente Northwest
- Kaiser Permanente Southern California
- Kaiser Permanente Washington
- Marshfield Clinic
- Meyers Primary Care Institute

*Note: In general, all CRN sites are invited (but not required) to participate in preparatory-to-research (PTR) requests. If you have a particular interest in collaborating with specific CRN sites, please indicate them here. * Affiliate Sites often respond to PTR requests, but participation is voluntary.*

Please list the potential collaborating Investigators at the sites chosen above, if known.

Tumor primary site codes (ICD-O) and/or histologies

Diagnosis codes (ICD-9)

Procedure codes (ICD-9, CPT, and/or HCPCS)

Date range and type (e.g., diagnosis date vs. procedure date)

Age range and type (e.g., age at diagnosis vs. age at time of procedure)

Drug names (brand and/or generic) and route of administration (if applicable)

Desired strata (e.g., specific age groups)

Attachments

Please attach any accompanying files, e.g. Excel table templates, to your emailed request.

Other Notes