# State of Alaska
# Department of Health & Social Services
# Division of Public Health
# Section of Chronic Disease Prevention & Health Promotion

## Alaska Cancer Registry Data Use for Research Application

**Please complete each section of this form and return with all attachments to:**

Section CDPHP
Alaska Cancer Registry,
Attn: ACR Program Manager
3601 C Street, Suite 722
Anchorage, AK 99524-0249

**Organization or Individual Requesting Use of Alaska Cancer Registry (ACR) Data**

Principal Investigator:

Organization:

Address:

City/State/Zip code:

Telephone Number:

Fax Number:

E-mail:

Primary Contact (if different from PI):

Title of Research Protocol or Project:

**Study Protocol or Project Information:**

1. Abstract of Study Protocol or Project Activities ("Research Proposal"): *please attach a copy of your study protocol (or selected sections) including the following information:*

    a) State the specific health or medical problems addressed, or other conditions or concerns of the study.
    b) State the objectives or hypothesis to be tested, if any.
    c) Analyses to be preformed, indicating specifically how data obtained from Alaska Cancer Registry will be used.
    d) Linkage, if any, with other data files, specifying the source of these files.

e) Release of results, including interim and final reports and publications to be sent to the Alaska Cancer Registry upon completion.

2. Protocols that include a request for confidential level data require peer review for scientific merit. Please indicate whether or not such a review has been done:

☐ Yes, if your proposal has been reviewed for scientific merit, *please attach a copy of the review.*

☐ No

3. Protocols that include a request for confidential level data must be approved by a Committee for Protection for Human Research Subjects Institutional Review Board (IRB) established in accordance with 45 C.F.R. 46. Please indicate whether or not this proposal has already been approved by an IRB.

☐ Yes, if your proposal has been approved by an IRB, *please attach a copy of the approval.*

☐ No

4. Written authorization may be required from subjects for use or disclosure of their Protected Health Information (PHI). If consent has been obtained describe the protocol for obtaining written authorization and *attach a copy of the authorization / consent form.*

5. Please provide a list of the specific data items you are requesting from the Alaska Cancer Registry along with justification of the need for confidential level data:

6. The researcher must have an established record and be affiliated with a recognized organization. Adequate resources must exist to conduct the research including funding, staff, and technical expertise. Please provide documentation that addresses these areas of concern:

7. How will you maintain the confidentiality of identifiable data obtained from the Alaska Cancer Registry? (Identifiable data refers to any data that may lead, directly or indirectly, to the identification of any individual or establishment.) Include an explanation of:

   a) How you will provide secure conditions to use and store the data.

   b) Assurances that the data will be used only for the purposes of the study.

   c) Assurances that confidential data will be destroyed when the study is complete.

8. Will any of the identifiable data obtained for this project be used as a basis for legal, administrative, or other actions which may affect particular individuals or establishments as a result of their specific identification in this project?

   ☐ No

   ☐ Yes, *indicate how the data will be used.*

I attest that the information in this Data Use for Research Application and attachments are true and complete.

**RESEARCHER**

**Signature: _____ Title: _____**

**Printed Name: _____ Date: _____**

Attachments (please check applicable boxes):

☐ Research Protocol ☐ Peer Review Approval

☐ IRB Approval ☐ Subject PHI Consent Form

☐ Other: