Application for access to namhr data

**For Administrative Use**:

Approved by Chair: ☐ Yes (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.) ☐ No (obtain before approval)

☐ Approved ☐ Revisions Requested (see below) ☐ Disapproved (see below) Date:

Comments:

**Project Information (Must attach completed protocol)**

1. Study type: ☐ Retrospective ☐ Prospective
2. Are human subjects involved? ☐ Yes (IRB approval required) ☐ No

**If Yes, answer a-g below**

* 1. Type of subject (patients, health volunteers, etc.):.
	2. Anticipated number of subjects (will need power analyses):
	3. Age range of subjects:
	4. Length of Study:
	5. Subject sex: ☐ Men/Women\* ☐ Men only ☐ Women\* only \*pregnancy test may be needed

Justification for Men or Women only:

* 1. Vulnerable subjects? ☐ Yes ☐ No

**If Yes, indicate which population(s) below:**

Pregnant women ☐

Children < 18 years ☐

Other ☐ Specify:

Justification for including vulnerable populations:

1. Is project funded, or is funding being sought? ☐ Yes (specify below) ☐ No

**Specify funding details**:

**Date:**

**Title of Project:**

**Principal Investigator(s)**.

**Co-Investigator(s):**