



## CONTACT INFORMATION

Name:

Organization:

Address:

City:

State:

Zip Code:

Email:

Phone:

YES

Are you employed by a Healthix Participant?

Are you employed by a not-for-profit organization with a mission is consistent with the mission of Healthix and our participants?

**You attest that your Research Proposal**

*Please type your initials*

**Is not** be designed to generate market intelligence, competitive advantage, commercial promotion, or other non-Research purposes

**Will not** compromise the reputation of Healthix or any of its participants

**Is in Compliance** with **Healthix Policy**

When completed, please email this application to:  
**research@healthix.org**



# HEALTHIX RESEARCH APPLICATION

(All responses allow for a maximum of 300 characters)

Healthix Research Proposal Template – Please refer to the Section 1.8.3 of the Healthix Privacy and Security Policies and Procedures for further information)

**Research Project Title:**

**Background/Rationale:**

**Objective** (Describe research questions to be examined. Specify whether this proposal involves the creation of a registry or research repository and, if yes, its intended purpose):

**Methods:**

**Proposed Datasets** (Detailed list of data elements requested. Requestors should ask for the minimum data necessary to answer a question of interest. Queries yielding identifiable results are not permitted unless there is a plan to obtain a "level 2 consent" from all patients):

**Data Collection Period** (i.e., the time period during which the data being requested was entered into Healthix (the origination dates of the data)):

**Healthix Participants** (include a list of any participating institutions that will be excluded from the proposed Research or a statement that data of all Participants will be included):

**Study Population** (i.e., inclusion and exclusion criteria for patients in the data request, or a statement that data of all Healthix patients may be included):

### **All External Funding Sources Applicable to this Project:**

**Dissemination Plan** (i.e., the intended use of the results of the study, registry, or research repository, including publication or public presentation. Any commitment to share the results with Healthix, to notify Healthix of any publication or public presentation, and to acknowledge Healthix as a collaborating organization):

**Investigation Team** (i.e., list all persons who will have access to the data provided by Healthix with titles and all professional affiliations):

**Anticipated Future Uses** (Typically only applicable if the study will create a registry or research repository. Please describe any anticipated future intended uses, including limits on future uses and potential future collaborators. See section 1.8.2.e of the Healthix Privacy and Security Policies and Procedures for further information)

**Anticipated Effort by Healthix** (A statement of whether consultations or substantial intellectual contributions by Healthix may be required in the course of the study):

**IRB:** (Attach written determination by IRB, or list IRBs this protocol will be submitted to. Proposals submitted without prior IRB approval will be reviewed, but determination status will be ‘contingent upon IRB approval’).

**Data Security** (A detailed description of the data security measures that will be implemented):

**Additional Statements:** All members of the investigative team have read and agree to comply with all Healthix policies as they pertain to research, specifically Healthix Privacy and Security Policies and Procedures sections 1.6 to 1.8.