

PeriData[®] (dot) Net[®] Research Project Application Form

Thank you for your interest in working with the PeriData.Net[®] platform. The completed application should include this form and the following **attachments**: A) CV or biosketch for the principal investigator; B) list of data fields requested; and C) list of names of all people who will have access to the data.

This application will be reviewed by the Wisconsin Association of Perinatal Care (WAPC) Perinatal Data Committee.

Data will be provided in a flat file (comma delimited – CSV) format available on a secure file transfer protocol (SFTP) server.

Application Date: (mm/dd/yyyy)		Project Title	
1. Name (include degree, credentials):		2. Title:	
3. Institution:		4. Address:	
5. E-mail Address:		6. Telephone Number:	7. Fax Number:
PROJECT INFORMATION			
8. Provide a brief Executive Summary or Abstract of the Project. Include principal purposes/goals/research questions/hypotheses.			
9. Proposed Timeline:		10. Funding Source (if applicable):	
11. Institutional Review Board Status: Date approved (mm/dd/yyyy): _____ . Please attach IRB application and approval letter. Pending approval. Anticipated date of IRB review (mm/dd/yyyy): _____ .			

11.a. Name(s) of IRB(s) involved:

12. Hospital(s) from which data are being: (If necessary, may attach a separate sheet.)

13. Date range for data requested (mm/dd/yyyy): _____ to _____

SCOPE OF WORK

14. If applicable, indicate additional assistance being requested by PeriData.Net® staff, for example, calculating a variable, data cleaning, etc.:

DATA SECURITY

15. Describe the security and storage to be used in your project. How will data be stored and maintained? Specifically describe the mechanisms for insuring that data will not be re-released or copied. Within one year of the end of the project, PeriData.Net® data will be destroyed by the recipient unless a written extension is obtained from the WAPC Perinatal Data Committee within 30 days of the final destruction date.

16. Do you agree not to copy data or release data to others not included in Attachment C of the application (names of all with access to the data)? This agreement extends to all those listed in Attachment C. Yes No

DISSEMINATION

17. Do you agree to provide copies of any publications, presentations, etc. utilizing this data to wapc@perinatalweb.org? Yes No

ACKNOWLEDGEMENT

18. Do you agree to acknowledge the Wisconsin Association for Perinatal Care on all products (i.e., publications, presentations, etc.) resulting from use of PeriData.Net®? Yes No

(Suggested language: Special acknowledgement is given to the Wisconsin Association for Perinatal Care.)

SIGNATURE

With my signature, I stipulate that to the best of my knowledge, all the information provided is accurate and I will notify the WAPC Perinatal Data Committee if any changes occur. I also understand that there are charges associated with all PeriData.Net® data requests and that I will be provided with an estimate.

19. Signature (An electronic signature is acceptable):

Please submit this form and all three attachments electronically to:

Wisconsin Association for Perinatal Care

wapc@perinatalweb.org

For questions regarding completion of this form, contact Ann E. Conway at (608) 285-5858 or the email address above.