NATIONAL INSTITUTE ON AGING (NIA) DATA USE AGREEMENT (DUA) REQUEST MATERIALS

Research Project Information Form

This form enables you to:

1   describe your research project, its aims, and its methods; and

2   explain how you will use the Centers for Medicare & Medicaid Services (CMS) data of an NIA study cohort in your project.

Form Purpose

This form collects information on your research project to ensure that your request for CMS data meets CMS requirements for authorized data uses.

NIA will use this information, along with the other request materials, to either approve or reject your request for CMS data.

Relationship to MedRIC Data Request Form

This form supplements the MedRIC Data Request Form. Through it, you can explain further how CMS data fit into your research project.

Form Tips

To reduce redundant work across request forms, NIA encourages you to reuse (copy and paste) or attach existing research project materials that address the form fields below.

Form Instructions

To complete and submit this form:

1 In the form sections below, provide responses to all form fields.

   TIP: Please provide a detailed, thorough explanation for why you are requesting CMS data for your research work. Include the purpose of your request, the NIA Study Institute cohort whose CMS data you intend to use, and what CMS data you are requesting.

2 Email the completed form, along with other file-based request materials, to MedRIC Support at medric@acumenllc.com.

If you have any questions or encounter any issues with this form, please contact MedRIC Support at medric@acumenllc.com.

1 About Your Research Project

Using the form fields below, provide basic information about your research project and your project's Principal Investigator. All form fields are required.

RESEARCH PROJECT TITLE

Enter the title of your research project.

PRINCIPAL INVESTIGATOR (PI) FULL NAME

Enter the first name, then last name of your research project's PI.

FUNDING NUMBER

Enter the funding number for your research project (if applicable). If your research project is not funded, leave blank.

FUNDING ORGANIZATION

Enter the name of your research project's funding organization (if applicable). If your research project is not funded, leave blank.

2 Research Project Abstract

ABSTRACT (1,500-CHARACTER LIMIT INCLUDING SPACES)

Provide a brief abstract that describes your research project. If you have an existing abstract that has your CMS data plans and is less than 1,500 characters, either:

- *include it as an attachment; or*
- *copy and paste it into the form field below.*

3 Research Plan

Either attach or, in the form field below, enter a 2- to 3-page research plan. The plan must include:

1. *the specific aims of your research project;*

2. *the CMS data that you plan to use with Study Institute data and your main use cases for those CMS data;*

3. *a description of and justification for other data sources that you plan to use with Study Institute and CMS data; and*

4. *an explanation for why public CMS data are not adequate for your research.*

> **NOTE:** *If you have already provided this information to the Study Institute whose CMS data you are requesting or in grant materials, attach a copy of that information to this form instead of entering it into the form field below.*

> **OPTIONAL:** *Use this form field to provide more specific use cases for CMS data relative to any attached research plan. The more specific use cases you provide, the more likely NIA will have enough information to review your request.*

4 Disclosure Limitation Review

Outline your specific plan(s) for preventing the disclosure of sensitive information in any final research findings. Explain how you plan to redact sensitive material and prevent the publication of unauthorized data. If there are any restrictions in sharing your research project results, explain why data sharing is restricted or not possible.