

# RSSearch<sup>®</sup> Registry Protocol

## RSSearch Request Form for Use of Aggregate Data:

### Eligibility Criteria for Participating Centers

- Enter > 50 patients into RSSearch annually  
(The RSS will not be held to this criterion)

### Submission Requirements

Please attach each of the following with your Data Request Form:

- Copy of IRB approval letter for use of RSSearch at your institution
- Curriculum vitae of the principal investigator.

### General Information

Submit the request for aggregate data to [nbrown@therss.org](mailto:nbrown@therss.org). You will receive confirmation and a response regarding the status of your request within 30 business days. Requested custom aggregate data report will require a minimum of 2 weeks to generate. Accepted applications are posted on the RSS website at [www.therss.org](http://www.therss.org).

### Administrative Information

<b>Date of Submission (mm/dd/yy):</b>	
<b>Name of Organization:</b>	
<b>Project Title:</b>	
<b>Principal Investigator:</b>	
<b>Co-Investigators:</b>	
<b>Corresponding Contact Name:</b>	
<b>Contact Title:</b>	
<b>Contact Telephone Number:</b>	
<b>Contact E-mail Address:</b>	
<b>Contact Address: City, State, Zip:</b>	

### Project Description

<b>Project Start Date (mm/dd/yy):</b>	
<b>Project End Date (mm/dd/yy):</b>	
<b>Type of Research Project:</b>	<input type="checkbox"/> Prospective Study <input type="checkbox"/> Retrospective Analysis <input type="checkbox"/> Technical Study <input type="checkbox"/> Other

<b>If “Other,” please explain nature of project:</b>	
<b>What is the research question being asked?</b>	
<b>What is the background or rationale for the research question? (if needed, please attach as a separate page to application)</b>	
<b>Patient Inclusion/Exclusion Criteria:</b>	

#### Data Requested

<b>Description of patient population to be analyzed:</b>	
<b>Time frame to be studied:</b>	
<b>List exact data variables requested (i.e. pathology, treatment planning information, outcome, reimbursement, etc.):</b> <i>If the request is not self-evident, write a summary of the request and/or instructions on data output (e.g., table specifications, sample tables).</i>	
<b>Deadline for receipt of data (mm/dd/yy):</b>	

#### Data Use

<b>Are these data for internal research purposes only? (yes/no)</b>	
<b>If requesting party will seek to share data with persons not already listed on this request, list the organizations with which data would be shared and in what capacity? (e.g., FDA for a clinical trial, NIH for a grant proposal, consultant for project development)</b>	
<b>Peer-reviewed publications to which submission is anticipated (if any)</b>	
<b>National meetings at which abstract presentation is anticipated (if any)</b>	

#### Additional Submission Requirements

Please attach each of the following:

- Copy of IRB approval letter for use of RSSearch at your institution
- Curriculum vitae of the principal investigator

**Requestor Certification**

In making this request, I certify that:

- All information provided on this form and attachments is accurate and complete;
- I have all requisite institutional authority to submit this Request for Use of Collaborative Data

Signature	
Print Name	
Title	
Date	

Please submit Request for Use of aggregate data to [nbrown@therss.org](mailto:nbrown@therss.org)

**For Internal Use Only:**

Date application received:	
<i>RSSearch Registry Request #</i>	