



NYC DOHMH Bureau of Vital Statistics

External Data User Application

Instructions: This application includes two parts: *Part A. Project Background & Part B. Requested Data*. Please be detailed in your responses, as the information will be used to draft your Data Use Agreement, if the project is approved.

Please email the completed application and relevant supporting documents (e.g., IRB determination letter, study protocol, SPARCS/PRAMS approval letter) to VSDATA@health.nyc.gov.

A. PROJECT BACKGROUND

For Part A, please write your response in the white box next to each question.

1	Project Name:	
2	Primary Contact:	First Name: Last Name: Title: Email: Organization: Organization Address: Phone:
3	Provide name of person in charge of coordinating data transfer/data receipt at your organization (if different from contact listed above):	First Name: Last Name: Title: Email: Organization: Organization Address: Phone:
4	For your data project, will the Bureau of Vital Statistics need to extract data <u>one time</u> or on a <u>recurring</u> basis?	
5	If <u>recurring</u> for Question 4: At what intervals will you need the data to be extracted for you by Bureau of Vital Statistics? • Annually? • Other? (cannot be extracted more frequently than semi-annually) <i>Write N/A if not applicable.</i>	

6	What will the data be used for? • Research/Evaluation • Clinical Trial Adjudication • Administrative • Other (please explain)	
7	Has your project undergone IRB Review? (YES/NO) (IRB review is required for line-level data.) <i>Write N/A if not applicable.</i>	
8	If <u>YES</u> for Question 7, please provide the IRB protocol number. (Please send a copy of your IRB determination letter and protocol along with your completed application.)	
9	Provide the name of and hyperlink (or PDF) describing the law, rule, reporting requirement, regulation or policy that provides the authority to conduct this project. <i>Write N/A if not applicable.</i>	
10	Is your project sponsored by an external source of funding? If <u>YES</u> , please list the full name of the funding source(s), grant(s) or contract(s). <i>Write N/A if not applicable.</i>	
11	If <u>YES</u> for Question 10 and project is funded by the Centers for Disease Control and Prevention (CDC), please answer the following: • How will the CDC share the data? • Will the data be published by the CDC? • How will the CDC use the data? <i>Write N/A if not applicable.</i>	

12	Primary Focus: Please summarize the key issues or gaps in knowledge your project will investigate or address.	
14	Objectives: Please list the specific questions or aims of your project.	
16	Analyses: Please summarize the types of analyses you plan to perform.	
17	Potential benefits: Please specify the population your work will benefit, and in what way.	
18	Expected planned release of results: Please list your plans for dissemination of your results.	
19	Data storage: Please describe the data storage procedures in place for safeguarding the requested data.	



B. REQUESTED DATA

For Part B, please review the data dictionaries linked below, then respond to Questions 1-3.

Birth Data Dictionary: <https://www1.nyc.gov/assets/doh/downloads/pdf/vs/birth-limited-use08.pdf>

Death Data Dictionary: <https://www1.nyc.gov/assets/doh/downloads/pdf/vs/death-limited-use03.pdf>

1. Please check the corresponding box to indicate the dataset(s) you are requesting:

☐	A	<u>Birth aggregate data</u>
☐	B	<u>Birth line-level data (i.e., one row per individual in the dataset)</u>
☐	C	<u>Death aggregate data</u>
☐	D	<u>Death line-level data (i.e., one row per individual in the dataset)</u>
☐	E	<u>STOP aggregate data (Spontaneous Termination of Pregnancy)</u>
☐	F	<u>PRAMS-VS Linked Birth (Data linking Pregnancy Risk Assessment Monitoring Systems (survey) to Births)</u>
☐	G	<u>SPARCS-VS Linked Death (Data linking hospital billing data from the SPARCS dataset to NYC Deaths)</u>
☐	H	<u>SPARCS-VS Linked Birth (Data Linking hospital billing data from the SPARCS dataset to NYC Births)</u>
☐	I	<u>Other (please specify):</u>

2. Please respond to the questions below based on the letter of the row(s). (If you prefer, you are welcome to provide an Excel spreadsheet listing the requested variables rather than listing them in this document.)

If A or C or E

Supply a table shell as an attachment for your desired aggregated data format. Please include all stratifications.

Write N/A if not applicable.

If B or D

Please list the variables you are requesting.



Supply a justification for requesting line-level data for individuals (i.e., one row per individual in the dataset).

Write N/A if not applicable

If F

Requests for PRAMS data must first be reviewed by NYC DOHMH Bureau of Maternal Infant and Reproductive Health. Please contact (prams@health.nyc.gov) for permission.

Have you received PRAMS approval?

- If YES, please provide a copy of your PRAMS approval letter.

Please list the Vital Statistics birth variables you are requesting.

Please list the PRAMS variables you are requesting.

Supply a justification for requesting line-level data for individuals (i.e., one row per individual in the dataset).

Write N/A if not applicable

If G or H

While approval from the NYSDOH Data Governance Committee is not required at the time of application submission, you will need to obtain and provide your SPARCS approval letter from NYSDOH prior to the execution of the Data Use Agreement (DUA).

Have you received SPARCS approval?

- If YES, please provide a copy of your SPARCS approval letter.
- If NO, please provide a copy of your SPARCS application.

Please list the Vital Statistics variables you are requesting.

Please list the SPARCS variables you are requesting.

Supply a justification for requesting line-level data for individuals (i.e., one row per individual in the dataset).

Write N/A if not applicable.

If I

Please explain what data you are requesting (e.g., variables, format, table shell).

Write N/A if not applicable.

Will your data request need to be matched by the Bureau of Vital Statistics team?

- If YES, please list the variables you will send us for the match (e.g., individual identifiers).
- Please list the variables you want returned to you once the match is complete (e.g., variables for analyses).

Write N/A if not applicable.

Please describe any other details about your data request that would be helpful to us (e.g.



subsets of the population or specific causes of death)

Write N/A if not applicable.

Indicate years of data needed:

Indicate format of data needed:

- SAS
- EXCEL
- CSV
- ASCII
- Other (specify)

3. Data will be restricted to authorized users. **Please list the names and titles of authorized users.** (Authorized Users are Data Recipient, and Data Recipient's employees, agents, and/or contractors who will require access to the Data to further the purposes and uses set forth in the data use agreement.)

Name, Credentials	Title/Role

(Please add more rows if needed)