**External Data Users Application Survey**

**\*Please enter responses in bold\***

1. Project Name:
2. Primary Contact Info
   1. First Name:
   2. Last Name:
   3. Title:
   4. Email:
   5. Organization:
   6. Organization Address:
   7. Phone:
3. Provide name of person in charge of coordinating data transfer / data receipt at your organization (if different from contact listed above):
   1. First Name:
   2. Last Name:
   3. Title:
   4. Phone:
   5. Email:
4. As a part of your data project, will the Bureau of Vital Statistics need to extract data one time or on a recurring basis?
   1. One Time?
   2. Recurring?
5. If B for question 4:

* At what intervals will you need the data to be extracted for you by Bureau of Vital Statistics?
  1. Annually?
  2. Other (cannot be extracted more frequently than semi-annually):

1. What will the data be used for?
   1. Research/Evaluation
   2. Clinical Trial Adjudication
   3. Administrative:
2. If A or B for question 6:

* Please indicate whether you have a copy of the IRB determination letter (IRB will eventually be required)
* Please provide the IRB protocol number:

1. If applicable, 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.
2. Is your project sponsored by an external source of funding?

* If yes, please list the full name of the funding source(s), grant(s) or contract(s).

1. If project is funded by the Centers for Disease Control and Prevention (CDC), please answer the following
   1. How will the CDC share the data?
   2. Will the data be published by the CDC?
   3. How will the CDC use the data?

**Provide concise answers, i.e. 2-3 sentences suggested, in response to Items 10-14**

1. Primary Focus: Please summarize the specific problems or issues your data project will address
2. Objectives: Please list the specific questions or aims of your data project.
3. Analyses: Please summarize the types of analyses you plan to perform.
4. Potential benefits: Please specify the population your work will benefit, and in what way.
5. Expected planned release of results: Please list your plans for dissemination of your results:
6. What is the data set are you requesting? (You will see the full list of variables for the data set once you have made a selection)?
   1. Birth aggregated data (Birth data for New York City Residents)
   2. Birth line item data (i.e., one row per individual in the dataset)
   3. Death aggregated data (Death data for New York City Residents)
   4. Death line item data (i.e., one row per individual in the dataset)
   5. STOP aggregated data (Spontaneous Termination of Pregnancy for New York City Residents)
   6. PRAMS-VS Linked Birth (Data Linking Pregnancy Risk Assessment Monitoring System to Births)
   7. SPARCS-VS Linked Death (Data Linking hospital data from the SPARCS data set to the NYC Deaths)
   8. SPARCS-VS Linked Births (Data Linking hospital data from the SPARCS data set to the NYC Births)
   9. Electronic Copies of Birth Certificates
   10. PDF Copies of Redacted Death Certificates (Clinical trial adjudication)
   11. Other (please specify)
7. **If A or C or E**:

* Supply a table shell as an attachment for your desired aggregated data format. Please include all stratifications by age group, demographics or geographic area.

1. **If B or D**:

* Identify which variables you will be using for your analysis. See Data Dictionary and File Layout (birth data: <https://www1.nyc.gov/assets/doh/downloads/pdf/vs/birth-limited-use08.pdf>; death data: <https://www1.nyc.gov/assets/doh/downloads/pdf/vs/death-limited-use03.pdf>).

Variables requested:

* Supply a justification for requesting line item data for individuals (i.e., one row per individual in the dataset)
* **If F** Requests for PRAMS data must be first vetted through DOHMH Bureau of Maternal Infant and Reproductive Health. Please contact Lauren Birnie ([lbirnie@health.nyc.gov](mailto:lbirnie@health.nyc.gov)) for permission.
* Have you received PRAMS approval?
* Please indicate additional Vital Stats birth variables to be joined to your PRAMS request
* Supply a justification for requesting line item data for individuals (i.e., one row per individual in the dataset)

1. I**f G or H**:

* Requests for SPARCS data must be vetted first through the NYSDOH Data Governance Committee. If you have already initiated your application, please upload your completed SPARCS application
* Have you received SPARCS approval for the application above yet?
* If yes, please also upload your SPARCS approval letter
* Please indicate additional Vital Stats variables to be joined to your SPARCS request
* Supply a justification for requesting line item data for individuals (i.e., one row per individual in the dataset)

1. **If I:**

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

1. **If J**:

* Please provide your National Death Index approval number:
* Please supply a justification for requesting certificates

1. My data request will need to be matched by Vital Statistics:
2. Please describe any other special instructions your data request would require, that were not previously mentioned:
3. Indicate exact or other date range of data needed: If data is provided semi-annual, we would request all data on all births during the previous 6 months.
4. Indicate format of data needed:

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

1. 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.)

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| **Name** | **Title** |
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