**Clinical Research Data Warehouse (CRDW)**

**Request Process**

To support the use of Banner Health clinical data for research purposes, a protocol entitled “Clinical Research Data Warehouse and Associated Honest Broker Processes” has been approved by the Banner IRB. The protocol details how Honest Broker staff, who are neutral intermediaries between the researcher and the EHR data, will process requests for data, assess the feasibility, and ultimately fulfill the data requests. Requests are initiated by using the Research Intake Form (RIF): <https://research.uahs.arizona.edu/clinical-trials/research-intake-form>.

PROCESS OVERVIEW

A well-formed and complete data request will help the process proceed in a timely fashion. The CRDW form provides guidance to capture the necessary elements for a complete request. If you have questions about the process or would like assistance on your data request, please contact: [BHHonestBrokerDataRequest@bannerhealth.com](mailto:BHHonestBrokerDataRequest@bannerhealth.com).

**IMPORTANT: UPON RECEIVING APPROVAL FROM THE IRB, PLEASE FORWARD THE IRB DOCUMENTS TO:** [**BHHonestBrokerDataRequest@bannerhealth.com**](mailto:BHHonestBrokerDataRequest@bannerhealth.com)

**Frequently Asked Questions (FAQ)**

**How long will a data request take?** This is highly dependent on the scope of the request. The Honest Broker staff will provide an estimate as part of the feasibility review. The process generally takes 4 – 8 weeks until the data is extracted to the investigator’s satisfaction. Other steps in the process, such as contracting or IRB approval, can impact the overall timeline. It is important that requests be submitted as early as possible.

**How can I determine the status of my request?** For status updates, please send an email to [BHHonestBrokerDataRequest@bannerhealth.com](mailto:BHHonestBrokerDataRequest@bannerhealth.com). Please include PI Name and Project Title for project reference.

**What is involved in the contracting process?** A Data Sharing Agreement (DSA) between Banner and UA will need to be in place. Banner Health Legal will send the initial DSA agreement, RIF application, and CRDW request form to UAHS contracting at [UAHSContracts@email.arizona.edu](mailto:UAHSContracts@email.arizona.edu) to initiate formal negotiations. UAHS contracting will send a copy of the fully executed contract to study team, Banner Health Legal, and the Honest Broker staff.

**What do I do when I receive IRB approval?** Send an email to [BHHonestBrokerDataRequest@bannerhealth.com](mailto:BHHonestBrokerDataRequest@bannerhealth.com), include a copy of the IRB approval document & the CRDW form.

**Prior to receiving data, who do I contact about properly securing the data?** Properly securing the data is of the upmost importance. Please contact the University of Arizona (UA) HIPAA Privacy Program at [PrivacyOffice@email.arizona.edu](mailto:PrivacyOffice@email.arizona.edu) for assistance in coordinating with your departmental IT staff to ensure that the data is properly secured. Additional information is available at the HIPAA Privacy Program’s website: <https://rgw.arizona.edu/compliance/hipaa-privacy-program>.

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**Request Form**

Please complete **all** sections below and provide specific details when specifying inclusion/exclusion criteria and data points. Please also specify the facilities from which you are requesting data as well as the care settings (inpatient/outpatient/ED/ICU etc.) and the timeframes for the data. ***Incomplete forms may cause a delay in the project approval.***

*If diagnoses are used for inclusion/exclusion criteria, please specify the ICD codes; if lab tests are used, please specify the lab names and any ranges that may include/exclude; if medications are used, please specify the medications rather than a class such as “anti-coagulants” and include both generic and brand name.*

**Principal Investigator Name & Contact Information:**

Click or tap here to enter text.

**Project Title:**

Click or tap here to enter text.

**Inclusion Criteria:**

dsdfsdfsd

**Exclusion Criteria:**

Click or tap here to enter text.

**Data Points Requested (*Be specific*):**

Click or tap here to enter text.

**Timeframe to Collect Data (start date/finish date):**

Click or tap here to enter text.

**Facilities & Care Settings Utilized for Data Collection (i.e. inpatient/outpatient/ED/ICU, etc.):**

Click or tap here to enter text.