

Application for Multi-Site SOURCE Data



SOURCETM
Sight Outcomes Research Collaborative

Application to Access Data from the Sight Outcomes Research Collaborative for Research Studies or Quality Improvement Projects

Please complete the following as thoroughly as possible to give the Research Committee adequate understanding of your intention and data needs.

It is possible for a researcher to submit more than one application for different projects but each submission should have a relatively tight focus. If the focus is too broad or nebulous, the Research Committee may not approve it.

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Application for Multi-Site SOURCE Data

I. Title of Project

II. Primary Investigator

III. Investigator's Primary SOURCE Institution Affiliation

Henry Ford Health System

Johns Hopkins University

Medical College Wisconsin

Montefiore

Stanford University

University of Colorado

University of Maryland

University of Michigan

University of Pennsylvania

West Virginia University

Other

University of Utah

IV. Investigator's Phone Number

V. Investigator's Email

VII. Has this been reviewed by the SOURCE Research Committee in the past?

Yes

No

VIII. Who will perform the analyses described in the proposal?

The PI

One or more analysts supported by the PI

SOURCE Data Center Analysts (fee based service)

IX. List up to 4 additional study team members (Co-Is)

	Name	Email
Member 1	<input type="text"/>	<input type="text"/>
Member 2	<input type="text"/>	<input type="text"/>
Member 3	<input type="text"/>	<input type="text"/>
Member 4	<input type="text"/>	<input type="text"/>

X. Desired date of access to data

XI. Which of the named people above will need access to the SOURCE data to perform the analyses?

Do these individuals have CITI / PEERRS certification?

Yes

Some

No

XII. Does the study have IRB approval?

Yes

No



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Project Description

I. Objectives/Background Information

II. Specific Aims/Hypotheses

Significance of Proposed Study

III. Keywords (up to 5)

Keyword 1	<input type="text"/>
Keyword 2	<input type="text"/>
Keyword 3	<input type="text"/>
Keyword 4	<input type="text"/>
Keyword 5	<input type="text"/>

IV. Type of research

V. Subspecialty focus



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Data Questions

I. Would you like access to SOURCE data from only your own site or aggregate SOURCE data from all participating sites?

Only my own site

All participating sites

II. Describe your primary outcome variable(s).

III. What are your key predictors? Please refer to data dictionaries when possible.

IV. What types of data are you using to identify the outcome and key predictors (mark all that apply, use data dictionary as needed)

Clinic procedure data

Surgery data

Medication data

Demographics

Clinical exam data

Laboratory data

Radiology data

Diagnostic test data

V. Describe the inclusion/exclusion criteria defining your study sample. If they are based on specific ICD or CPT codes, please provide details of the codes to be used or add an attachment containing this information.

Upload the attachment here.

Drop files or click here to upload

VI. You are required to include a sample size/power analysis in the proposal. Mark here to confirm it is included in the analysis plan below.

Included

Not included

VII. What type(s) of data will you need for the project?

Standard de-identified SOURCE data

Ocular diagnostic test data

Other (please specify): _____

Data from other sources (e.g. survey) you'll be providing the SOURCE Data Center to link in

Social Determinant of Health Data (income, education level, household net worth, etc)*

* There may be some recharge fees to use social determinant of health data.

Specify the ocular diagnostic test data types

OCT: Axonal exams

OCT: BMO exams

OCT: Posterior pole exams

OCT: RNFL exams

OCT: Retinal thickness exams

Lenstar

Pentacam

HVF

IX. Additional Information (optional)



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Analysis Questions

I. Analysis Plan

II. List of specific variables needed (use data dictionary).

III. What statistical software (or other software) will you use/need?

SAS

R

SPSS

Other



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Funding Questions

Funded studies take priority over unfunded studies in terms of data preparation and access.

I. What funding is associated with this project? (If you receive external funding first check with your own site to assure this is acceptable.)

*Please discuss these funding sources with Dr. Stein prior to submitting the proposal to the Research Committee.

Unfunded

Internal Department / Institutional Funding

NIH*

Not-For-Profit/Non-Profit*

Industry/For-Profit*

II. What is the status of this funding?

Grant Awarded

Grant Submitted



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Please verify that all of your responses are **complete** and that this proposal is ready to be shared with the SOURCE Research Committee.

Complete, ready for review

Incomplete, not ready for review

Please review your answers to ensure they are accurate. Proceeding to the next page will submit your answers and forward this submission for review.

