M·TQIP

Data Request Information

Requirements

- An IRB approval letter is required for both research and quality improvement work.
- All listed researchers must be members of a participating MTQIP trauma center.

Instructions

- Provide the below-requested information
- Email the completed form to Judy Mikhail for review at jmikhail@med.umich.edu

Notifications

- Conference Presentations: Email MTQIP the conference name, date, and presentation title
- Conference Posters: Email MTQIP the conference name, date, and presentation title
- Publications: Email MTQIP a copy of the publication

Acknowledgments

- All publications require the inclusion of the following statements below.

- **Acknowledgments**
  The authors acknowledge the contribution of the collaborative efforts of the Michigan Trauma Quality Improvement Program (MTQIP) participating Level I and II Trauma Centers, Trauma Surgeon Champions, Trauma Program Managers, MTQIP Clinical Reviewers, and Trauma Registrars.
- **Disclaimer Statement**
  Although Blue Cross Blue Shield of Michigan and the Michigan Trauma Quality Improvement Program (MTQIP) work collaboratively, the opinions, beliefs and viewpoints expressed by the authors do not necessarily reflect the opinions, beliefs, and viewpoints of BCBSM or any of its employees.
- **Support Statement**
  Support for the Michigan Trauma Quality Improvement Program (MTQIP) is provided by Blue Cross and Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships program.

Data Request Form

Study Team

Role	Name	Institutional Email
Principal Investigator		

Institutional Review Board Application Information

Institution Name	
ID Number	
Study Title	
Status	○ **Approved** ○ **Not Approved**
Study Type	○ **Research** ○ **Quality Improvement**
Hypothesis	
Major Outcomes	
Expiration Date	

Data Request

Data	☑ **Limited Data Set (LDS)**
Patient Cohort	☐ **General Surgery** ☐ **Trauma**
Data Interval	**to**
Inclusion Criteria	
Exclusion Criteria	

Institutional Review Board Approval Letter

Click the box to upload an image of the IRB letter

Data Use Agreement

This data use agreement (the "Agreement") is by and between The Regents of the University of Michigan ("The Regents"), a Michigan constitutional corporation with its principal place of business in Ann Arbor, Michigan on behalf of, the Michigan Trauma Quality Improvement Program ("MTQIP") and _____ ("User") and is effective as the date of last signature (the "Effective Date").

WHEREAS, The Regents maintains certain information that User wishes to use and/or disclose for research, public health, or other purposes permitted under 45 C.F.R. § 164.514(e):

NOW, THEREFORE, the parties, in consideration of the mutual promises and obligations set forth herein, the sufficiency of which is hereby acknowledged, and intending to be legally bound, agree as follows:

1. The Regents shall provide User with access to certain data (the "Limited Data Set") in accordance with the terms and conditions of this Agreement. Under no circumstances shall The Regents be required under this Agreement to provide the User with any information that does not qualify as part of a "limited data set" under 45 C.F.R. § 164.514(e).

2. The following individual(s) (the "Authorized Parties") are authorized to use the Limited Data Set or any part of it on behalf of User and, by signing this Agreement, agrees (1) to abide by the terms and conditions of this Agreement and (2) to hold, together with the User, any other study team member as listed on User's IRB protocol and designated as an Authorized Party by the User, to the terms and conditions of this Agreement.

   Name: _____ Signature: _____

   Name: _____ Signature: _____

   Name: _____ Signature: _____

   Name: _____ Signature: _____

   Name: _____ Signature: _____

   Name: _____ Signature: _____

   Name: _____ Signature: _____

   Name: _____ Signature: _____

   Name: _____ Signature: _____

   Name: _____ Signature: _____

   Use an attachment to list any additional individuals. The attachment must be signed by authorized representatives of User and The Regents.

3. User, and any Authorized Party on User's behalf, may use the Limited Data Set only for the following purposes:

   Use an attachment to list any additional permitted uses. The attachment must be signed by authorized representatives of User and The Regents.

4. User and each Authorized Party agrees as follows:

   - ✓ Not to use or further disclose the Limited Data Set or any information contained therein other than as permitted by this Agreement or required by applicable law.
   - ✓ To comply with the security provisions found at 45 C.F.R. §§164.308, 310, 312, and 316 in the same manner as such provisions apply to Covered Entity, pursuant to Section 13401(a) of HITECH, and otherwise implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI.
   - ✓ To report to the Regents, through the Health System Privacy Officer within five (5) days, any use or disclosure of the Limited Data Set or any part of it not provided for by this Agreement of which User or any Authorized Party becomes aware.
   - ✓ To ensure that any agents, including subcontractors, to whom User or an Authorized Party provides the Limited Data Set or any part of it to agree to the same restrictions and conditions that apply to the User and Authorized Parties under this Agreement.
   - ✓ Not to use the information contained in the Limited Data Set to identify the individuals whose information is contained in the Limited Data Set, nor to contact them under any circumstances.
   - ✓ To acknowledge the Michigan Trauma Surgery Collaborative (MTQIP) as a source of information in any materials being presented and/or published.
   - ✓ To provide MTQIP with a project summary at the completion of the project.

5. In the event The Regents becomes aware of any use of the Limited Data Set or any part of it that is not authorized under this Agreement or required by applicable law, The Regents may (i) terminate this Agreement upon notice; (ii) disqualify (in whole or in part) the User and/or any Authorized Parties from receiving protected health information in the future; and/or (iii) report the inappropriate use or disclosure to the Secretary of the Department of Health and Human Services. Further sanctions may apply to the User and/or Authorized Parties under 45 C.F.R. parts 160 and 164, including but not limited to breach notification, mitigation activities, and bearing all costs incurred for such activities.

WHEREFORE, the parties, through their authorized representatives, hereby accept and agree to the terms and conditions of this Agreement.

THE REGENTS	Hospital (User)
Signature: _____	Signature: _____
Name (Printed): Jeanne Strickland	Name (Printed): _____
Title: Chief Compliance Officer	Title: _____
Date: _____	Date: _____