

**MONTANA CENTRAL TUMOR REGISTRY DATA USE for RESEARCH APPLICATION**

Date: \_\_\_\_\_

Principle Investigator: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Contact (if different from PI): \_\_\_\_\_

Title of Project: \_\_\_\_\_

If Investigator is a graduate student, name of Graduate Chair: \_\_\_\_\_

**Instructions:** Please provide a complete answer to the following statements. Attach supporting documents as necessary to the application.

1. Summary of project (Research Proposal): *Please attach copy of your study protocol (or selected sections) including the following information:*
  - a. State the specific health or medical problems addressed, or other conditions or concerns of the study.
  - b. State the objectives or hypothesis to be tested, if any.
  - c. Analyses to be performed, indicating specifically how data obtained from the Montana Central Tumor Registry will be used.

2. Protocols that include a request for confidential level data must be approved by a Committee for Protection for Human Research Subjects Institutional Review Board (IRB) established in accordance with 45 C.F.R. 46. Please indicate whether this proposal has already been approved by an IRB.

- Yes, if your proposal has been approved by an IRB, please attach a copy of the approval.
- No

3. Please provide a list of the specific data items you are requesting from the Montana Central Tumor Registry along with justification of the need for confidential level data:

4. Describe physical and electronic security measures you will use to protect the data.

5. The researcher must have an established record and be affiliated with a recognized organization. Adequate resources must exist to conduct the research including funding, staff, and technical expertise. Please provide documentation that addresses these areas of concern.

6. Will employees or subordinates of the Principle Investigator have access to this data set? If yes, list all name(s), title(s), reasons for access, and extent of access. Describe why it is necessary that these individuals have access to the data set.

7. Will you be working with any colleagues, contractors, or subcontractors not named as direct employees above, who need access to this data set? If yes, list all name(s), title(s), affiliation(s), and role(s) in this project. Describe why it is necessary that these individuals have access to the data set.

8. If the applicant is a graduate student, please attach a letter stating that the graduate committee has approved the thesis or dissertation topic and research plan.

9. Describe the form of the final report or other product(s) of this project and list the people or entities who will receive copies, whether paper or electronic. Copies must be furnished to the Montana Central Tumor Registry upon request.

I attest that the information in this Data Use for Research Application and attachments are true and complete.

Name (type or print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

If investigator is a graduate student,

Name of chair of graduate committee (type or print): \_\_\_\_\_

Signature of chair of graduate committee: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Return completed application to:

Email: [hzimmerman@mt.gov](mailto:hzimmerman@mt.gov)

or

Mail:

Heather Zimmerman, MPH

MT Central Tumor Registry, DPPHS PO Box 202951

Helena, MT 59620-2951