**Application: To Be Completed by Requestor**

Please complete this application form and submit it to [nih-collaboratory@dm.duke.edu](mailto:nih-collaboratory@dm.duke.edu) to initiate the request process. Provide as much of the requested information as possible. The DRN CC will follow up with questions as necessary. If you do not include a date for when you would like the requested information, your request will be considered low priority.

**1. Provide the following general information about yourself and your timeline.**

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| **Today’s Date** |  |
| **Name** |  |
| **Affiliation** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Date Information (Query Results) Needed** |  |

**2. Describe the specific information you hope to obtain from this request.**

*Example: “I would like to know the number of patients aged ≥25 who were newly diagnosed with condition X during 2008–2012 and received procedure Y within 6 months after diagnosis. I would like to see this information stratified by diagnosis year, gender, and age at diagnosis for at least [X number] of sites.”*

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**3. Provide a summary of your proposed research.**

*Include questions you hope to answer, hypotheses you want to test, etc. Example: “We are investigating the feasibility of a pragmatic clinical trial to investigate the comparative effectiveness of infection control interventions.”*

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**4. Provide 1-2 table shells illustrating the requested information.**

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**5. Describe the purpose of running the query (e.g., to inform a proposal/grant).**

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**6. Describe the pre-application activities undertaken with proposed funder. For example, discussed specific aims with Program Officer, submitted a Letter of Intent (LOI).**

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***7.* Describe how you plan to share the findings (e.g., research letter, brief report, manuscript, raw tables sent to relevant/sponsoring NIH Institute).**

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