APPLICATION FOR RESEARCH USE
WISCONSIN CANCER REPORTING SYSTEM (WCRS) DATA

Refer to the **Cancer Research Application Manual**

for a complete list of materials required to be submitted with this application.

ORGANIZATION/INDIVIDUAL REQUESTING USE OF WCRS DATA

Name and Title – Study Principal Investigator

Organization (*include branch, division, department, etc.)*

Street Address or P.O. Box

City	State	Zip Code

Phone Number	Email Address

Primary Contact: Name, Title, and Email Address (if different from Study Investigator)

SUMMARY OF STUDY PROTOCOL AND PROJECT ACTIVITIES

Title of Study or Project

Need for Study or Project: How will the study benefit residents of Wisconsin and/or public health by studying cancer, cancer prevention, or cancer control? Your answer should include the proportion of residents who may be affected by the results of the study.

Funding Source(s) for Project (include names and addresses for all sources, including in-kind contributions)

Abstract of Study Protocol or Project Activities

Note: You should append a copy of the complete study protocol (or selected sections) to this application. The abstract provided should be self-contained so that it can serve as a sufficient and accurate description of the project if separated from the appended document.

Include the following information (if applicable) in the description of your study:

1. Primary focus—state the specific health or medical problems addressed or other conditions or concerns of the study.
2. Objectives—state the hypotheses to be tested, if any.
3. Analyses to be performed—indicate specifically how data obtained from the WCRS will be used.
4. Linkage (if any) with other data files—specify the source of these files.
5. Release of results—include interim and final reports and publications to be sent to the WCRS upon completion.

Type of Data Request (select all that apply)

☐ **Case Ascertainment/Recruitment** – use of the WCRS database for the purpose of patient recruitment for a study (i.e., use the WCRS database to identify cancer patients who may qualify or meet the study's selection criteria for inclusion)

☐ **Database Linkage** – use of the WCRS database for the purpose of linking the study's patient database to the WCRS database to obtain follow-up data (i.e., link to the WCRS database to obtain cancer information).

☐ **Other, Special Analysis** – Use of non-public WCRS data for a special analysis (specify):

Frequency of Data Request

☐ **One-time**

☐ **Ongoing** (specify interval): _____

DATA DISSEMINATION

How will the results of the study be disseminated? (Publications, posters, web pages, newsletters, etc.)

What is lowest geographical level of analyses that is anticipated for public release or dissemination? (State, county, city, Zip Code)

Will maps be presented?

☐ **Yes**

☐ **No**

If yes, what methods will be used to ensure that individuals will not be identified?

CONFIDENTIALITY AND USE OF IDENTIFIABLE DATA

How will you maintain the confidentiality of identifiable data (any information that would permit, directly or indirectly, the identification of anyindividual or establishment) obtained from the WCRS? Include an explanation of how such data will be stored as well as how and when you plan to destroy the data after your study is completed.

For the purpose of this research project, as described in under the Summary of Study Protocol or Project Activities section above, will any of the identifiable data obtained from this project be used by other organizations (e.g., other divisions, agencies, consultants, contractors, or subcontractors)?

☐ **Yes**

☐ **No**

If Yes, indicate the name of the organization(s) and role(s) in this research project. If the name(s) is unknown at this time, indicate the type of organization(s).

Describe the safeguards that exist or will be implemented to ensure the data will be used solely for the purposes of this research project on your behalf.

Will the identifiable data be used either directly or indirectly for any research project other than the one described in the Summary of StudyProtocol or Project Activities section above? Note: A separate application must be submitted for each research project that will use the identifiable data obtained through this application.

- ☐ **Yes**
- ☐ **No**

Expected Date of Data Destruction at End of Project:

RESPONDENT/PATIENT CONTACT (See Research Application Manual for Special Requirements for Studies Involving Patient Contact)

Will your study require investigation to obtain additional information from the individual, next of kin, physicians, and or other individuals or institutions mentioned on the cancer reports?

- ☐ **Yes**
- ☐ **No**

If Yes, briefly describe the following:

1. Types of respondents to be contacted: _____
2. Information to be obtained from respondents: _____
3. Methods to be used in conducting such investigations: _____
4. Other organizations, co-investigators, or consultants, conducting the investigations:_____

Is written informed consent necessary for subjects/respondents in this study?

- ☐ **Yes** (If yes, send sample copy to WCRS with your application materials)
- ☐ **No**

Email this form, and all other application materials to:

Hayley Tymeson, WCRS Epidemiologist

DHSWCRSDataRequests@dhs.wisconsin.gov

Please indicate "Research Application Submission" in Subject Line.