Cecil G. Sheps Center for Health Services Research

University of North Carolina at Chapel Hill

MarketScan Commercial Claims and Encounters (CCAE)

Truven Health Analytics Inc.

DATA REQUEST

Please complete this form for your data request. Use additional pages if necessary. Submit by email to: [marketscan@schsr.unc.edu](mailto:marketscan@schsr.unc.edu)

Note that License fees for Intramural (UNC) use are sponsored by CTSA (Clinical & Translational Science Awards program), Cecil G. Sheps Center for Health Services Research, Department of Epidemiology, UNC Gillings School of Global Health, and Division of Pharmaceutical Outcomes and Policy, School of Pharmacy. Training grants are covered under intramural use. Pre-negotiated user fees will be assessed for grant-funded projects. Students using this data for dissertations will be charge a $750 dissertation fee

I. USER INFORMATION Date of Request (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Principal Investigator Name:** | | | | | | |  | | | | |
| **Organization/University Affiliation:** | | | | | | | |  | | | |
| **Position/Title:** | |  | | | | | | | | | |
| **Street Address:** | | |  | | | | | | | | |
| **City, State, Zip:** | | | |  | | | | | | | |
| **Phone:** |  | | | | **Email:** | | | |  | **Fax:** |  |
| **Other Users (if applicable):** | | | | | |  | | | | | |
| **Is PI a student or post doc?**  If yes, supervisor must be listed below | | | | | | Yes NO | | | | | |
| **Faculty Supervisor** | | | | | |  | | | | | |
| **Is data request for work on a dissertation?**  If yes, dissertation fee will be charged | | | | | | Yes NO | | | | | |
| **Is data request for a funded project?**  If yes, fees must be negotiated. | | | | | | Yes NO | | | | | |

II. PROJECT INFORMATION

|  |  |  |
| --- | --- | --- |
| **Project Title or Name:** |  | |
| **Project Timeline** (include extract and abstract deadlines, if relevant)**:** | |  |

1. DATA REQUESTED (example in italics below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time Period(s):**  *(e.g. 1/1/05-12/31/07* |  | | | |
| **Population Description:**  *(e.g. ages 18 - 25)* | | | |  |
| **Other Selection Criteria:**  *(e.g. diagnosis of COPD)* | |  | | |
| **Variables:**  Use specific variable names from Data Dictionary. *(e.g. DX1-DX15 from Inpatient Admissions Table, AGE)* | | |  | |

1. DATA STORAGE/SECURITY

Data will be stored and accessed on which of the following approved secure servers? (Check.)

NOTE: You must obtain approval from the server administrator before indicating choice.

🞏SHEPS 🞏UNC ITS SECURE WORKSPACE 🞏RENCI 🞏School of Pharmacy

Server Administrator: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_

V. PROGRAMMING

Sheps Center or PharmacoEpi programming staff will extract individual files and variables as developed during the discussion/algorithm development phase. How do you propose to develop the analysis and/or person-level or otherwise collapsed files? (Check one.)

PI/Users named above will create the analysis files.

We will need additional programming help to create the analysis files.

VI. DESCRIPTION

In the space below provide a description of your project that includes project overview, population of interest, research questions and aims, and methodologies, particularly population selection algorithm.