



Washington State Institutional Review Board (WSIRB)
Application for WSIRB Review
Appendix G: State Agency Records Request

Date:

Prior to submitting a study for review, an investigator MUST discuss their research records request with the state agency data manager who is authorized to approve or release the specific state agency records requested for research purposes. **Investigators must complete and submit a separate Appendix G for each DSHS, DCYF, DOC DOH, L&I, HCA, and/or OFM system of records** (e.g., birth certificate, hospital discharge, and cancer registry records for DOH; child welfare, mental health, and public assistance records for DSHS) **from which records are requested**. If you are requesting one state agency's records from another (e.g., requesting HCA Medicaid records from DSHS rather than HCA), then a separate Appendix G form must be completed and submitted to both state agencies involved.

This form documents whether the records requested by the investigator:

- exist;
- are available in the format and type requested; and
- in the manner and frequency (i.e. quarterly, annually) requested.

After completing the Investigator Section below, investigators must forward this Appendix G, list of requested variables on a standard form (if available), and other related attachments to the state agency data manager for completion of the State Agency Authorized Individual Section; investigators must also include a copy of this Appendix G and related attachments with the Application, Study Amendment Request or Exempt Determination Request that is submitted to the WSIRB. The State Agency Authorized Individual (data manager) will forward the completed Appendix G and related attachments to the WSIRB.

Data manager's authorization for release of records from a system of records is required PRIOR to submitting a study for review. A study will not undergo WSIRB review without such data manager's authorization. You are advised to plan accordingly.

INVESTIGATOR Section:

Project Title:

PI Name:

Email Address:

Telephone Number:

Study Overview

A. **State Record System**. Identify the system of records requested from DSHS, DCYF, DOC, DOH, L&I, HCA, and/or OFM (e.g., Medicaid / ProviderOne, FamLink, TARGET, birth records, CHARS, WSCR, etc.). Use the Contact List on the WSIRB website [FORMS page](#) to find the system of records.

Description

B. **Selection Criteria**. Specify the selection criteria for the requested data extract (recommend example "e.g., All children with out of home placement" or "All Lymphoma diagnoses in Washington State" or "All members of the study cohort").

Description

Dates. Specify the from – through dates of the requested records in month, day, year format (e.g., from January 1, 1999 through December 31, 2000; or July 1, 2005 through June 30, 2006).

Description

C. **Geographical Area.** Specify the requested geographical areas (e.g., “All of King County” or “All of Washington State”).

Description

D. **Variable List.** ATTACH THE SPECIFIC DATA VARIABLE LIST BEING REQUESTED IN TABLE FORMAT **AS A SEPARATE DOCUMENT**. Provide variable names, titles and descriptors using ONLY the nomenclature as provided in the applicable data dictionary or index. **Contact the agency data manager to obtain the data order table, dictionary, or index so that your list is an accurate representation of the available variables.** The WSIRB will only approve disclosure and use of the minimum data variables necessary to conduct the research. The variable table is required in order for the WSIRB to make this determination, and the table will be incorporated by reference and attachment to a Confidentiality Agreement, if applicable.

I have attached variable list.

E. **Linkages.** Will the identifiable records from DSHS, DCYF, DOC, DOH, L&I, HCA, and/or OFM be linked to any other records, including other State agency records?

No

Yes. Identify and describe:

(1) the other records, including but not limited to primary and publicly available data collected for this research and the name of the agency that has jurisdiction over each type of records;

Description

(2) the identifiers (use variable names) that will be used to link all records; and

Description

(3) your linking protocol or process.

Description

INVESTIGATOR’S Statement:

As Principal Investigator I attest that I, or my designate, have discussed this records request with the designated state agency data manager responsible for this system of records. I attest that I have received authorization for release of records prior to submitting my study for WSIRB review. By submitting this form I affirm that this research, *if approved*, will be conducted in compliance with all applicable federal and state laws, *Washington State Agency Policy on Protection of Human Research Subjects*, *Washington State Institutional Review Board Procedures Manual*, and the Washington State Institutional Review Board approved procedures and requirements.

STATE AGENCY AUTHORIZED INDIVIDUAL Section:

Data Manager Name:

Title:

Email Address:

Telephone Number:

Data Classification Category

Data Managers must provide the classification category of information requested for release based on its sensitivity and handling requirements, as required by WaTech policy ([SEC-08](#)). For more information on the categories, see the [WaTech Data Classification Standard](#).

Category 1 – Public Information¹

Category 2 – Sensitive Information²

¹ Public information is information that does not need protection from unauthorized disclosure, but does need protection from unauthorized change that may mislead the public or embarrass the Agency.

² Sensitive information is not specifically protected by law, but should be limited to official use only, and protected against unauthorized access.

- Category 3 – Confidential Information³
- Category 4 – Confidential Information Requiring Special Handling⁴

By forwarding this completed form to the WSIRB I confirm:

- At the time of this request, the variables and records of the type requested by the investigator ARE AVAILABLE in the State Agency's database. Checking this box does not imply or commit to State Agency approval of the request.

Comments

AND

- The planned use of the records is acceptable and may be supported by this agency.

Comments

OR

- This request is denied. The request is not acceptable as submitted and the PI has been notified.

- Please note: An executed Confidentiality Agreement or Addendum is required prior to release of records.

Data Managers: Forward this completed form and related tables of variables to wsirb@dshs.wa.gov and to the principal investigator. Please contact WSIRB staff at 360.902.8075 if you have any questions.

³ Confidential information is information that is specifically protected by law. It generally includes personal information about Agency clients, patients, or staff.

⁴ Confidential information requiring special handling is information for which especially strict handling requirements are dictated by statutes, regulations, (e.g. PHI) or agreements; serious consequences could arise from unauthorized disclosure.