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| 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 of 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 sent 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 review without such data manager’s approval. You are advised to plan accordingly**.Project Title: PI Name: Email Address: Telephone Number: **INVESTIGATOR Section:****Insert your Study Abstract from Application Section 1.3 (revise as needed) or Section 6 of the Exempt Determination Request.** |
| 1. 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 Content List on the WSIRB [forms page](https://www.dshs.wa.gov/ffa/human-research-review-section/forms) to find the system of records.

**Description** |
| 1. Specify the selection criteria for the requested data extract.

**Description** |
| 1. Specify the from – through dates of the requested records (e.g., births occurring from January 1, 1999 through December 31, 2000; Medicaid claims paid between July 1, 2005 and June 30, 2006; child out-of-home placements for calendar year 2010).

**Description** |
| 1. Specify the requested geographical areas.

**Description**  |
| 1. Attach the SPECIFIC DATA VARIABLE list Being requested in table format. 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 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.
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| 1. 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; (2) the identifiers (use variable names) that will be used to link all records; and (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 Subject*s, *Washington State Institutional Review Board Procedures Manual*, and the Washington State Institutional Review Board approved procedures and requirements. **STATE AGENCY AUTHORIZED INDIVIDUAL Section:**Complete this section ONLY if the investigator’s data request is sufficiently described for purposes of extracting and disclosing the requested data AND the required table of requested data variables has been provided. Return this form to the investigator for clarification or revision, or if incomplete.Name: Title: Email Address: Telephone Number: 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 can be supported by this agency. Checking this box does not imply or commit to State Agency approval of the request.**Comments****OR****[ ]** This request is denied. The request is not acceptable as submitted and the PI has been notified.**Comments** |
| **[ ]  FOR DSHS DATA MANAGERS ONLY:** Check here if actual release of the records of the type requested would be approved by your Administration or program after approval of the study or exempt determination, your DSHS Administration leadership’s concurrence with WSIRB approval, and an executed Confidentiality Agreement, as applicable, is signed by your DSHS Administration leadership.**Comments** |
| Data Managers: Forward this completed form and related tables of variables to wsirb@dshs.wa.gov and to the principal investigator. Please contact Review Staff at 360.902.8075 if you have any questions. |