The following information is required for consideration of your request. ASCO reserves the right to request additional information. Requests for additional information must be addressed promptly in order to ensure timely consideration. This form is required for all requests for data related to Care Delivery Registries including QOPI®, AQR, or any other CDR programs data.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Care Delivery Registries Data and/or Research Services Requested | | | | | | | | |
| Collaborate in research project (co-PI, consultant or subcontractor) | | | | | | Provide data or analytic services | | |
| Proposal Contact(s) | | | | | | | | |
| *Name, Title/Practice Role* | | | | | *Phone Number* | | | |
| *On Behalf of Organization* | | | | *Practice* | *Email* | | | |
| Internal/External ASCO Contact(s) (If applicable) | | | | | | | | |
| *Name* | | | | | *Organization* | | *Email* |
| Primary Objective(s) [Describe the purpose for the data being requested including whether the data is for internal practice use, external publication/ research, etc] | | | | | | | | |
|  | | | | | | | | |
| Secondary Project Objective(s) (if applicable) | | | | | | | | |
|  | | | | | | | | |
| Care Delivery Registries Data Source | | | | | | | | |
| QOPI | | AQR | Other: | | | | | |
| Type of Services or Data requested from ASCO including Data type or elements of interest. For projects requesting data, specify the primary and secondary endpoints and other key variables. Please also include the requested data format (.xcl, database, etc): | | | | | | | | |
|  | | | | | | | | |
| ASCO may charge a fee for services. The fee is dependent on ASCO’s determination of level of effort to complete your request. Do you agree to have ASCO assess the level of work required for this request and provide you with an invoice for any associated charges prior to the completion of any work? | | | | | | | | |
| Yes | No | | | | | | | |

I certify that information provided in this document is, to the best of my knowledge, true and correct.

Signature of Authorized Individual/Printed Name Date

**Please complete if you are requesting any QOPI® data elements**

The following information is required for consideration of your request to use QOPI data. ASCO reserves the right to request additional information. Requests for additional information must be addressed promptly in order to ensure timely consideration.

|  |  |
| --- | --- |
| QOPI Data Use Request Type (please select one of the following) | |
| Permission to use QOPI national aggregate scores in a publication | |
| Which QOPI Round(s) will you use?  *(ex. Fall 2018, Spring 2018):* | **Which QOPI measures will you use?**  *(ex. Core1 and Core2):* |
| Permission to compare QOPI national aggregate scores to your practice’s QOPI scores in a publication | |
| Which QOPI Round(s) will you use?  *(ex. Fall 2018, Spring 2018):* | **Which QOPI measures will you use?**  *(ex. Core1 and Core2):* |
| Permission to use QOPI aggregate practice demographic data in a publication/research project | |
| Please list all requested data elements *(ex. The number of practices providing genetic counseling):* | |
| Other QOPI data usage *(please explain with as much detail as possible):* | |
| |  |  | | --- | --- | | Has this proposal been previously submitted to ASCO for evaluation? | | | Yes  Date of original submission:  MM/DD/YYYY  *Time (ET)*  ASCO staff contacted: | No | | If applicable, please provide names of journals/publications you plan to submit to: | | | ASCO requests that you send a final copy of your publication prior to submission to ensure the QOPI data is represented accurately. Please confirm that you will provide a copy prior to submission: | | | Yes  (Send to cdr@asco.org) | No | | |