

Data Request Form

Thank you for your interest in requesting ABA data. While we are interested in contributing to the scientific literature of medical education, we have responsibilities to protect ABA-copyrighted materials, to follow our Data Privacy and Security Policy defined in our Policy Book, and to ensure compliance with its various contractual agreements. We retain full discretion to entertain or deny any request for release of data.

To request data, please complete the following form and mail it to the address above with a $500 check made payable to The American Board of Anesthesiology. The check will only be cashed if the data request is granted. We will respond to your request within approximately four weeks of receiving the completed form and check.

1. Requester’s Information

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| Name: |  | Institution: |  |
| Position/Job Function: |  |
| Phone Number: |  | Email Address: |  |
| Physical Address: |
| Request Date: |  | Date Needed: |  |

1. Define the specific data requested.

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1. Explain the purpose for which you plan to use our data. Please attach a detailed research proposal if the requested data will be included in a research project, including Institutional Review Board materials, research questions, hypothesis, and methodology (planned analysis). Please note if the data are to be applied to the human subjects research, the ABA will require “exempt from review” designation or approval of the study from an Institutional Review Board prior to release any individual data.

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1. In what finished product will the requested data or the analysis of the requested data appear? When is the estimated time that the ABA will receive a manuscript draft to review for appropriate use of the ABA data, if granted? What is your plan of data destruction after the study is concluded?

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If the above data request is approved by the ABA Research Committee, I hereby designate acceptance of and agreement with the following terms.

* I agree to protect the confidentiality of individuals, and where appropriate, institutions about whom data are provided;
* I agree to protect all ABA data by ensuring that the data are stored in a secure manner;
* I agree to use the data only for the requested purpose and for no other subsequent projects;
* I agree not to share the data with any other individuals or organizations without express written consent from the ABA;
* When applicable, I agree to provide the ABA, before dissemination or publication, with a draft copy of any manuscript for the purpose of assuring that candidate and institutional confidentiality has been maintained;
* I agree to acknowledge ABA as the source of the data and provide appropriate citations in any reports, documents or publications.

Signature

Date