MROQC Data Request Form Instructions

Please complete the contact information and application (below) and submit electronically to the MROQC Coordinating Center via email to support@mroqc.org

Your request may be approved, subject to requested revisions, or rejected through the processes outlined by the MROQC Data Use & Publication Policy.

If there are any changes to project authors, we request a notification be submitted to the MROQC Coordinating Center via email within 30 days of that change.

The approval process is as follows:

- Stage 1 data requests require the lead author to provide an overview of the concept (including a high-level summary of the current relevant literature, how the proposed concept provides a novel contribution to the literature, the population of focus, and the primary outcome).
- Stage 1 requests will be sent to the respective MROQC Quality Improvement Leadership and Working Group (WG)Team (breast, lung, bone mets, or prostate) to ensure a request is consistent with the goals of the CQI.
- Stage 1 data requests that pass the initial screen of the MROQC Quality Improvement Leadership and WG Team will be shared with the MROQC Executive Committee (EC) for a structured review. Data requests that undergo review by the MROQC EC will be discussed and a decision to accept, reject or request revision will be determined through a majority vote.
- Decisions on Stage 1 requests will be provided back to the principal investigator within 2 weeks of the date reviewed by the EC. The lead author listed on the Data Request Form will be notified via email of the EC's decision to accept, reject, or request revision.
- If the Stage 1 request is approved, the Stage 2 form will need to be completed with the MROQC Lead Statistician, who will be assigned, to assist with completion of the elements required for the Stage 2 form.
- Within 2 weeks of successful submission of the Stage 2 form, a timeline will be provided for the data to be provided or analyses to be completed.
- The analysis and manuscript preparation for submission to a peer-reviewed journal is expected to be completed within 12 months of receipt of data.

DO NOT FILL IN THE TEMPLATE BELOW.
DATA REQUESTS MUST BE SUBMITTED VIA THE QUALTRICS FORM

FAILURE TO DO SO WILL DELAY REVIEW OF REQUEST

DATA REQUEST FORM – STAGE 1

Lead Author/Primary Contact Information

First: **Last:** **Institution:**

Phone: **Email:**

Role(s) of Lead Author:

- ☐ **Clinical Champion**
- ☐ **Participating Physician**
- ☐ **Fellow/Resident**
- ☐ **Physicist/Dosimetrist**
- ☐ **Clinical Data Abstractor**
- ☐ **Institution Administrator**
- ☐ **Coordinating Center Staff**
- ☐ **Other (Please Provide Role)**

Project Team *(The Clinical Champion from the site requesting data is expected to be on the project team, but the Clinical Champion is **not** required to be the lead author. Lead author must be at the same MROQC institution as their Clinical Champion engaged in this project to be eligible to obtain MROQC data.)*

In the table below please list individuals and institutions with lead responsibility first.

Name & Title:	Institution:	Email (required):
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Publication/Project Information

Data Request Status:

- ☐ **New Request (COMPLETE STEP 1)**
- ☐ **Revised Request: Original proposal title:**

STAGE 1:

Working Title:

Type of Work:

- ☐ **Quality Improvement**
- ☐ **Research** (*project will require IRB approval once project is approved by MROQC*)

Which level of data is needed for this project?

☐ Site-specific

☐ Subset of Collaborative (*Multiple Sites – requires clinical champion representative from each involved site*)

☐ Collaborative-wide

Reason for Data Request:

☐ **Pilot Data for Concept/Proposal**

☐ **Statistical Process Control Charts**

☐ **Abstract submission for regional/national meeting**

☐ **Slides or Poster in follow-up to abstract**

☐ **Manuscript – expected following abstract presentations**

☐ **Citation**

☐ **Other: _____**

Select all MROQC Working Groups that apply to this project:

☐ **Breast** ☐**Lung** ☐**Bone Mets** ☐**Prostate**

Main Hypothesis, Objective, or Aim *(What is your question? What is the goal of this investigation?)***:**

What is known in this area? (2-3 sentence summary)

What will this project try to add to the literature? *(1-2 sentence summary)*

Subjects of Interest *(e.g. who will make up your project population?)***:**

Primary Outcome:

Secondary Outcomes *(if applicable):*

Brief description of project/publication audience *(i.e. what is your target journal, meeting, poster session, internal meeting etc.?)***:**

Date submitted to MROQC:

FOR MROQC USE ONLY Proposal Title: Date submitted by project leader: Date approved by MROQC:	Comments: