

Application for Massachusetts All-Payer Claims Data (Non-Government) [Exhibit A – Data Application]

I. INSTRUCTIONS

This form is required for all Applicants, Agencies, or Organizations, hereinafter referred to as “Organization”, except Government Agencies as defined in [957 CMR 5.02](#), requesting protected health information. All Organizations must also complete the [Data Management Plan](#), and attach it to this Application. The Application and the Data Management Plan must be signed by an authorized signatory. This Application and the Data Management Plan will be used by CHIA to determine whether the request meets the criteria for data release, pursuant to 957 CMR 5.00. Please complete the Application documents fully and accurately. Prior to receiving CHIA Data, the Organization must execute CHIA’s [Data Use Agreement](#). Organizations may wish to review that document prior to submitting this Application.

Before completing this Application, please review the data request information on CHIA’s website:

- [Data Availability](#)
- [Fee Schedule](#)
- [Data Request Process](#)

After reviewing the information on the website and this Application, please contact CHIA at apcd.data@state.ma.us if you have additional questions about how to complete this form.

The Application and all attachments must be uploaded to IRBNet. All Application documents can be found on the [CHIA website](#).

Information submitted as part of the Application may be subject to verification during the review process or during any audit review conducted at CHIA’s discretion.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is received.

A [Fee Remittance Form](#) with instructions for submitting the application fee is available on the CHIA website. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet. Please be aware that if your research is funded and under that funding you are required to release raw data to the funding source, you may not receive CHIA Data.

II. FEE INFORMATION

1. Consult the most current [Fee Schedule](#) for All-Payer Claims Database data.
2. After reviewing the Fee Schedule, if you have any questions about the application or data fees, contact apcd.data@state.ma.us.
3. If you believe that you qualify for a fee waiver, complete and submit the [Fee Remittance Form](#) and attach it and all required supporting documentation with your application. Refer to the [Fee Schedule](#) (effective Feb 1, 2017) for fee waiver criteria.
4. Applications will not be reviewed until the application fee is received.
5. Data for approved Applications will not be released until the payment for the Data is received.

III. ORGANIZATION & INVESTIGATOR INFORMATION

Project Title:	Structural Racism and Engagement of Family Caregivers in Serious Illness Care
IRBNet Number:	1931908-1
Organization Requesting Data (Recipient):	UMass Chan Medical School
Organization Website:	https://www.umassmed.edu
Authorized Signatory for Organization:	Janice Lagace
Title:	Assoc Dir, Res Funding Svcs
E-Mail Address:	Janice.lagace@umassmed.edu
Telephone Number:	508-856-2119
Address, City/Town, State, Zip Code:	55 N Lake Avenue, Worcester, MA 01655
Data Custodian: (individual responsible for organizing, storing, and archiving Data)	Brian Coleman
Title:	Associate CIO for Information Security
E-Mail Address:	Brian.coleman@umassmed.edu
Telephone Number:	774-455-4443
Address, City/Town, State, Zip Code:	333 South Street – 1 st Floor, Shewsbury, MA 01545
Primary Investigator (Applicant): (individual responsible for the research team using the Data)	Jennifer Tjia
Title:	Professor
E-Mail Address:	Jennifer.tjia@umassmed.edu
Telephone Number:	774-455-3538
Address, City/Town, State, Zip Code:	368 Plantation Street, AS6-2068, Worcester, MA. 01605
Names of Co-Investigators:	Arlene Ash, Jeroan Allison, Jongyu Baek, Suzanne Mitchell, Joanna Paladino, Dan Dohan, Zara Cooper
E-Mail Addresses of Co-Investigators:	Arlene.ash@umassmed.edu / jeroan.allison@umassmed.edu / jonggyu.baek@umassmed.edu / Suzanne.mitchell2@umassmed.edu / jpaladino@ariadnelabs.org / Daniel.dohan@ucsf.edu / zcooper@bwh.harvard.edu

IV. PROJECT INFORMATION

IMPORTANT NOTE: Organization represents that the statements made below as well as in any study or research protocol or project plan, or other documents submitted to CHIA in support of the Data Application are complete and accurate and represent the total use of the CHIA Data requested. Any and all CHIA Data released to the Organization under an approved application may ONLY be used for the express purposes identified in this section by the Organization, and for no other purposes. Use of CHIA Data for other purposes requires a separate Data Application to CHIA written request to CHIA, with approval being subject to CHIA's regulatory restrictions and approval process. Unauthorized use is a material violation of your institution's Data Use Agreement with CHIA.

1. What will be the use of the CHIA Data requested? [Check all that apply]

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Epidemiological | <input type="checkbox"/> Health planning/resource allocation | <input type="checkbox"/> Cost trends |
| <input checked="" type="checkbox"/> Longitudinal Research | <input checked="" type="checkbox"/> Quality of care assessment | <input type="checkbox"/> Rate setting |
| <input type="checkbox"/> Reference tool | <input checked="" type="checkbox"/> Research studies | <input type="checkbox"/> Severity index tool (or other derived input) |

- Surveillance Student research Utilization review of resources
 Inclusion in a product Other (describe in box below)

[Click here to enter text.](#)

2. Provide an abstract or brief summary of the specific purpose and objectives of your Project. This description should include the research questions and/or hypotheses the project will attempt to address, or describe the intended product or report that will be derived from the requested data and how this product will be used. Include a brief summary of the pertinent literature with citations, if applicable.

The proposed study will combine neighborhood-level survey data from the American Community Survey across Massachusetts with utilization data from the Massachusetts All Payer Claims database to characterize neighborhood-level rates of serious illness and access to palliative care (measured as travel time), individual-level health care utilization (hospitalization, palliative care use, length of stay, ICU stay) and health outcomes (in-hospital death) across Massachusetts. Mediation analysis with linked data on neighborhood-level caregiver-related resources from the 2015-2019 American Community Survey (ACS) will identify the effect of caregiver-related factors on outcomes.

Hypotheses 1a-c: Neighborhoods will exhibit variation in (1a) prevalence of serious illness, (1b) caregiver- resources, and (1c) access to specialty palliative care.

Hypothesis 1d: Individual-level health outcomes for persons with serious illness will be associated with residential segregation and mediated by neighborhood-level caregiver resources and individual-level travel time to hospital.

This proposal directly addresses a recent call to action for research and policies to support caregivers of people with serious illness, and the NIH's call to understand and address the impact of structural inequities on health disparities

3. Has an Institutional Review Board (IRB) reviewed your Project?

- Yes [*If yes, a copy of the approval letter and protocol must be included with the Application package on IRBNet.*]
 No, this Project is not human subject research and does not require IRB review.

4. **Research Methodology:** Applications must include either the IRB protocol or a written description of the Project methodology (typically 1-2 pages), which should state the Project objectives and/or identify relevant research questions. This document must be included with the Application package on IRBNet and must provide sufficient detail to allow CHIA to understand how the Data will be used to meet objectives or address research questions.

V. PUBLIC INTEREST

1. Briefly explain why completing this Project is in the public interest. Use quantitative indicators of public health importance where possible, for example, numbers of deaths or incident cases; age-adjusted, age-specific, or crude rates; or years of potential life lost. *Uses that serve the public interest under CHIA regulations include, but are not limited to: health cost and utilization analysis to formulate public policy; studies that promote improvement in population health, health care quality or access; and health planning tied to evaluation or improvement of Massachusetts state government initiatives.*

This research, led by investigators at UMass Chan Medical School, will help untangle the patterns of health care utilization, such as inpatient hospitalizations, for different residents of the Commonwealth of Massachusetts with serious illness based on geographical location of residence/neighborhood, neighborhood-level resources, caregiver resources, and access to hospitals with inpatient palliative care services. This may have profound implication on the quality of healthcare delivered in Massachusetts hospitals to Massachusetts residents. Our proposed work focuses on structural inequities in contextual factors (e.g. neighborhood level resources, distance to nearest hospital with palliative care services, and caregiver resources) that we suspect influence hospitalization patterns, ICU use within hospitals, and in-hospital death. Our findings will help us develop key interventions at the provider and policy levels to reduce the impact of these contextual factors on care delivery for persons with serious illness. We will be able to link patterns of neighborhood resources and distance to hospital-based palliative care to patient outcomes. From a larger policy perspective, untangling

the relationship between contextual (neighborhood level) factors and healthcare utilization intensity for persons with serious illness may help to support or refute the notion that policy changes to support family caregiver engagement during hospitalizations would result in improvements in deliver of 'goal concordant' care and reductions in avoidable in-hospital deaths. We plan to publish our results and share them broadly with state and federal policy makers and healthcare organizations.

VI. DATASETS REQUESTED

The Massachusetts All-Payer Claims Database is comprised of medical, pharmacy, and dental claims and information from the member eligibility, provider, and product files that are collected from health insurance payers licensed to operate in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as data from insured and self-insured plans. APCD data are refreshed and updated annually and made available to approved data users in Release Versions that contain five calendar years of data and three months of run-out. For more information about APCD Release Versions, including available years of data and a full list of elements in the release please refer to release layouts, data dictionaries and similar documentation included on [CHIA's website](#).

Data requests are typically fulfilled on a one time basis, however; certain Projects may require future years of data that will become available in a subsequent release. Projects that anticipate a need for future years of data may request to be considered for a subscription. Approved subscriptions will receive, upon request, the same data files and data elements included in the initial Release annually or as available. Please note that approved subscription requests are subject to the Data Use Agreement, will require payment of fees for additional Data for Non-Government Entities, and subject to the limitation that the Data can be used only in support of the approved Project.

1. Please indicate below whether this is a one-time request, or if the described Project will require a subscription.

One-Time Request **OR** Subscription

2. Select Release Version and years of data requested (Release Versions and years not listed are not available).

<input type="checkbox"/> Release Version 8.0	<input checked="" type="checkbox"/> Release Version 10.0
<input type="checkbox"/> 2014	<input checked="" type="checkbox"/> 2016
<input type="checkbox"/> 2015	<input checked="" type="checkbox"/> 2017
<input type="checkbox"/> 2016	<input checked="" type="checkbox"/> 2018
<input type="checkbox"/> 2017	<input checked="" type="checkbox"/> 2019
<input type="checkbox"/> 2018	<input checked="" type="checkbox"/> 2020

3. Specify below the data files requested for this Project, and provide your justification for requesting *each* file.

Medical Claims

Describe how your research objectives require Medical Claims data:

Longitudinal medical claims data are needed to compute measures of utilization and outcomes at the patient level. These measures will be used to determine the association between geospatial care accessibility of patient residence/neighborhood and distance to healthcare, as well as healthcare utilization and outcomes. Claims will be used to identify hospitalization patterns and utilization, inpatient palliative care visits, advance care planning visits, ICU

admissions and the outcomes of hospitalizations.

Pharmacy Claims

Describe how your research objectives require Pharmacy Claims data:

Click here to enter text.

Dental Claims

Describe how your research objectives require Dental Claims data:

Click here to enter text.

Member Eligibility

Describe how your research objectives require Member Eligibility data:

Member eligibility data will be crucial in identifying those who have been continuously enrolled. Demographic data will be crucial in identifying racial and ethnic differences in care patterns. Member 5-digit ZIP code is essential to identify neighborhood of residence and access to hospitals with inpatient palliative care; absent this, the proposed research cannot be conducted as funded by the NIH.

Provider

Describe how your research objectives require Provider data:

Detailed information about provider specialty and location is essential component of the proposed NIH funded analysis.

Product

Describe how your research objectives require Product data:

Product file will be used to account for insurance benefit design.

VII. DATA ENHANCEMENTS REQUESTED

State and federal privacy laws limit the release and use of CHIA Data to the minimum amount of data needed to accomplish a specific Project objective.

All-Payer Claims Database data is released in Limited Data Sets (LDS). All Organizations receive the “Core” LDS, but may also request the data enhancements listed below for inclusion in their analyses. Requests for enhancements will be reviewed by CHIA to determine whether each represents the minimum data necessary to complete the specific Project objective.

For a full list of elements in the release (i.e., the core elements and additional elements), please refer to [release layouts, data dictionaries](#) and similar documentation included on CHIA’s website.

1. Specify below which enhancements you are requesting in addition to the “Core” LDS, provide your justification for requesting each enhancement.

a. Geographic Subdivisions

The geographic subdivisions listed below are available for Massachusetts residents and providers only. Select one of the following options.

3-Digit Zip Codes (standard)

5-Digit Zip Codes***

*****If requested, provide justification for requesting 5-Digit Zip Code. Refer to specifics in your methodology:**

We will be relying on the member 5-digit zip code as a major component of our research question. 5-digit zip code will be needed to link to neighborhood-level community resources and to compute travel time between neighborhoods, hospitals, and palliative care providers. This is an crucial element of the geospatial analysis of healthcare utilization patterns.

b. Date Resolution

Select *one* option from the following options.

<input type="checkbox"/> Year (YYYY) (Standard)	<input type="checkbox"/> Month (YYYYMM) ***	<input checked="" type="checkbox"/> Day (YYYYMMDD) *** [for selected data elements only]
<p>*** If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology:</p> <p>Day will be required to determine utilization during a single hospitalization, downstream palliative care consultation, ICU admissions, advance care planning visits, and time to in-hospital death.</p>		

c. National Provider Identifier (NPI)

Select *one* of the following options.

<input checked="" type="checkbox"/> Encrypted National Provider Identifiers (standard)	<input type="checkbox"/> Decrypted National Provider Identifiers***
<p>*** If requested, provide justification for requesting decrypted National Provider Identifier(s). Refer to specifics in your methodology:</p> <p>Click here to enter text.</p>	

VIII. MEDICAID (MASSHEALTH) DATA

1. Please indicate whether you are seeking Medicaid Data:

- Yes
 No

2. Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are ***directly connected to the administration of the Medicaid program***. If you are requesting MassHealth Data, please describe, in the space below, why your use of the Data meets this requirement. *Your description should focus on how the results of your project could be used by the Executive Office of Health and Human Services in connection with the administering the MassHealth program.* Requests for MassHealth Data will be forwarded to MassHealth for a determination as to whether the proposed use of the Data is directly connected to the administration of the MassHealth program. CHIA cannot release MassHealth Data without approval from MassHealth. This may introduce significant delays in the receipt of MassHealth Data.

Medicaid data are essential for the evaluation of patterns of health care utilization and for generalizability of our results and are particularly vulnerable population subject to the inter-generational effects of structural inequities, the focus of this project. It will be important to determine if patterns of utilization or outcomes differ for Medicaid patients. Our study will assess the relationship between key contextual (i.e. neighborhood-level) and patient-level factors on hospitalization and healthcare utilization patterns across the Commonwealth. We will identify whether residence in resource-poor neighborhoods are associated with a greater or lower propensity of patients with serious illness to be hospitalized and

where they will be hospitalized. Closely related work will develop interventions to address unwarranted variation by insurer, geographic residence, and race/ethnicity. Reducing unwarranted variation in serious illness hospitalizations could be useful to the state Medicaid program and to ACOs participating in Medicaid that are looking to identify opportunities improve equity in care delivery and outcomes for patients with serious illness.

3. Organizations approved to receive Medicaid Data will be required to execute a [Medicaid Acknowledgment of Conditions](#). MassHealth may impose additional requirements on applicants for Medicaid Data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

IX. DATA LINKAGE

Data linkage involves combining CHIA Data with other data to create a more extensive database for analysis. Data linkage is typically used to link multiple events or characteristics within one database that refer to a single person within CHIA Data.

1. Do you intend to link or merge CHIA Data to other data?

- Yes
 No linkage or merger with any other data will occur

2. If yes, please indicate below the types of data to which CHIA Data will be linked. [Check all that apply]

- Individual Patient Level Data (e.g. disease registries, death data)
 Individual Provider Level Data (e.g., American Medical Association Physician Masterfile)
 Individual Facility Level Data (e.g., American Hospital Association data)
 Aggregate Data (e.g., Census data)
 Other (please describe):

3. If yes, describe the dataset(s) to which the CHIA Data will be linked, indicate which CHIA Data elements will be linked and the purpose for each linkage.

Facilities will be linked to the American Hospital Association survey data for hospital characteristics. The purpose of linking these files is to obtain characteristics of institutions that may influence patterns of health care utilization. We will also link patient residence/neighborhood to obtain aggregated socio-economic characteristics of individuals living in the neighborhood from the American Community Survey.

4. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset.

We will first attempt to link facilities using government IDs (deterministic). In cases where this linkage fails, we will use fuzzy matching techniques to match on names and addresses (probabilistic). We will map zip codes directly to Census data (deterministic).

5. If yes, attach or provide below a complete listing of the variables from all sources to be included in the final linked analytic file.

Hospital government ID

Patient residence/neighborhood

6. If yes, please identify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

Identification of individual patients may occur at two points. First, in the context of the analyses, in very sparsely populated neighborhoods, it may be possible to use the linked data in combination with additional data available on the web to identify individual patients. Investigators have been trained and certified in human subjects research and ethics and understand this is a violation of patient privacy. The second instance is the presentation of publication of research results. All research results will be aggregated to a level that would make it impossible to identify individual patients. No neighborhood will be displayed or published and will be stripped from analytic files after linkage with community measures aggregated to census data and computation of travel distance calculations. A randomly-assigned ID will be used in place of neighborhood for fixed-effect estimations.

1. Do you anticipate that the results of your analysis will be published or made publically available? If so, how do you intend to disseminate the results of the study (e.g.; publication in professional journal, poster presentation, newsletter, web page, seminar, conference, statistical tabulation)? Any and all publication of CHIA Data must comply with CHIA's cell size suppression policy, as set forth in the Data Use Agreement. Please explain how you will ensure that any publications **will not disclose a cell less than 11**, and percentages or other mathematical formulas that result in the display of a cell less than 11.

We have no plans to use or otherwise disclose CHIA data directly other than those noted above.

2. Describe your plans to use or otherwise disclose CHIA Data, or any Data derived or extracted from such Data, in any paper, report, website, statistical tabulation, seminar, or other setting that is not disseminated to the public.

We have no plans to use or disclose CHIA data, or any Data derived or extracted from such Data, in any paper, report, website, statistical tabulation, seminar, or other setting that is not disseminated to the public.

3. What will be the lowest geographical level of analysis of data you expect to present for publication or presentation (e.g., state level, city/town level, zip code level, etc.)? Will maps be presented? If so, what methods will be used to ensure that individuals cannot be identified?

The lowest geographical level of analysis of data we expect to present for publication or presentation is the neighborhood. No individual data will be presented, only analytic output, such as Tables of patient characteristics and coefficients in models. Maps will not identify regions with fewer than individuals.

4. Will you be using CHIA Data for consulting purposes?

- Yes
 No

5. Will you be selling standard report products using CHIA Data?

- Yes
 No

6. Will you be selling a software product using CHIA Data?

- Yes
 No

7. Will you be using CHIA Data as in input to develop a product (i.e., severity index tool, risk adjustment tool, reference tool, etc.)

- Yes
 No

8. Will you be reselling CHIA Data in any format not noted above?

- Yes
 No

If yes, in what format will you be reselling CHIA Data?

Click here to enter text.

9. If you have answered “yes” to questions 5, 6, 7 or 8, please provide the name and a description of the products, software, services, or tools.

Click here to enter text.

10. If you have answered “yes” to questions 5, 6, 7 or 8, what is the fee you will charge for such products, software, services or tools?

Click here to enter text.

X. APPLICANT QUALIFICATIONS

1. Describe your previous experience using claims data. This question should be answered by the primary investigator and any co-investigators who will be using the Data.

Investigators Tjia, Ash, Baek and Allison have years of experience working with claims data, including many years working with similar claims data from the Medicare program and APCD.

Dr. Ash has extensive experience working with claims datasets, including the Massachusetts APCD, having used such data for public policy purposes since 1984. She used the Massachusetts APCD to study emergency department and primary care use in Massachusetts 5 years after health reform, and previously worked with CHIA data to examine the value of personal, medical, and extra-medical information in predicting ED utilization.

Dr. Tjia is currently working on an NIA funded study (using Medicare data) to determine the patterns of hospice use among seriously ill nursing home residents and the extent to which patient-level factors and geographic factors matters as a determinant of variation.

Drs. Ash and Tjia have extensive experience work with claims datasets, including Medicare and Medicaid claims data.

Dr. Baek is an expert in geocoding and biostatistics and has worked closely with Dr. Ash.

Drs. Cooper, Mitchell, Palidino and Dohan are mainly supporting this work with their experience in serious illness care and medical sociology and will not be working directly with the claims data.

2. **Resumes/CVs:** When submitting your Application package on IRBNet, include résumés or curricula vitae of the principal investigator and co-investigators. (These attachments will not be posted on the internet.)

XI. USE OF AGENTS AND/OR CONTRACTORS

By signing this Application, the Organization assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors. The Organization must have a written agreement with the agent of contractor limiting the use of CHIA Data to the use approved under this Application as well as the privacy and security standards set forth in the Data Use Agreement. CHIA Data may not be shared with any third party without prior written consent from CHIA, or an amendment to this Application. CHIA may audit any entity with access to CHIA Data.

Provide the following information for **all** agents and contractors who will have access to the CHIA Data. [*Add agents or contractors as needed.*]

AGENT/CONTRACTOR #1 INFORMATION	
Company Name:	Click here to enter text.
Company Website	Click here to enter text.
Contact Person:	Click here to enter text.
Title:	Click here to enter text.
E-mail Address:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Telephone Number:	Click here to enter text.
Term of Contract:	Click here to enter text.

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

Click here to enter text.

2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

Click here to enter text.

3. Will the agent or contractor have access to and store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

Yes

No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

AGENT/CONTRACTOR #1 INFORMATION	
Company Name:	Click here to enter text.
Company Website	Click here to enter text.
Contact Person:	Click here to enter text.
Title:	Click here to enter text.
E-mail Address:	Click here to enter text.
Address, City/Town, State, Zip Code:	Click here to enter text.
Telephone Number:	Click here to enter text.
Term of Contract:	Click here to enter text.

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

Click here to enter text.

2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

Click here to enter text.

3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

Yes

No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

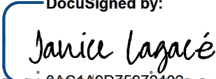
[INSERT A NEW SECTION FOR ADDITIONAL AGENTS/CONTRACTORS AS NEEDED]

XII. ATTESTATION

By submitting this Application, the Organization attests that it is aware of its data use, privacy and security obligations imposed by state and federal law *and* confirms that it is compliant with such use, privacy and security standards. The Organization further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure or use of CHIA Data, including, but not limited to, any breach or unauthorized access, disclosure or use by any third party to which it grants access.

Organizations approved to receive CHIA Data will be provided with Data following the payment of applicable fees and upon the execution of a Data Use Agreement requiring the Organization to adhere to processes and procedures designed to prevent unauthorized access, disclosure or use of data.

By my signature below, I attest: (1) to the accuracy of the information provided herein; (2) this research is not funded by a source requiring the release of raw data to that source; (3) that the requested Data is the minimum necessary to accomplish the purposes described herein; (4) that the Organization will meet the data privacy and security requirements described in this Application and supporting documents, and will ensure that any third party with access to the Data meets the data use, privacy and security requirements; and (5) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	 <p>DocuSigned by: Janice Lagacé DAC1A9D75972402</p> <p>Drag signature image here or delete and physically sign</p>
Printed Name:	Janice Lagacé
Title:	Associate Director, OSP
Date:	Click here 1/6/2023 text.

Attachments:

A completed Application must have the following documents attached to the Application or uploaded separately to IRBNet:

- 1. IRB approval letter and protocol (if applicable), or research methodology (if protocol is not attached)
- 2. Data Management Plan (including one for each agent or contractor that will have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database);
- 3. CVs of Investigators (upload to IRBNet)

APPLICATIONS WILL NOT BE REVIEWED UNTIL THEY ARE COMPLETE, INCLUDING ALL ATTACHMENTS.