PCORnet Front Door

The survey is expected to take about 15 minutes. If you would like, you may save your progress and return to the survey later. Feel free to address any questions to frontdoor@pcornet.org.

Contact Info

Request Date _____

PI's Name _____

PI's Title _____

Requesting Institution/Organization _____

PI's Email Address _____

PI's Phone Number _____

Secondary Contact Name _____

Secondary Contact Email _____

Secondary Contact Phone Number _____

Does this request originate from a PCORnet Clinical Data Research Network (CDRN), Patient Powered Research Network (PPRN), Collaborative Research Group (CRG), or Health Plan?

- ◯ No
- ◯ Yes, CDRN
- ◯ Yes, PPRN
- ◯ Yes, CRG
- ◯ Yes, Health Plan

Please select the CDRN

- ◯ ADVANCE
- ◯ ARCH
- ◯ CAPriCORN
- ◯ GPC
- ◯ LHSNet
- ◯ Mid-South
- ◯ NYC
- ◯ OneFlorida
- ◯ PaTH
- ◯ PEDSnet
- ◯ PORTAL
- ◯ pSCANNER
- ◯ REACHnet

Please select the PPRN

- ◯ ABOUT
- ◯ AD-PCPRN
- ◯ AR-PoWER
- ◯ CENA
- ◯ COPD
- ◯ CPPRN
- ◯ DuchenneConnect
- ◯ Health eHeart Alliance
- ◯ IBD
- ◯ ImproveCareNow
- ◯ Interactive Autism Network
- ◯ Mood
- ◯ Multiple Sclerosis
- ◯ NephCure Kidney Network
- ◯ PARTNERS
- ◯ PMS_DN
- ◯ PI-CONNECT
- ◯ PRIDEnet
- ◯ Rare Epilepsy Network
- ◯ SAPCON
- ◯ Vasculitis

Please select the CRG

- ◯ Autoimmune and Systemic Inflammatory Syndromes
- ◯ Cancer
- ◯ Cardiovascular Health
- ◯ Diabetes and Obesity
- ◯ Health Disparities
- ◯ Health Services Research
- ◯ Kidney Health
- ◯ Pediatrics
- ◯ Pulmonary
- ◯ Other

Please specify the CRG

_____

Please specify health plan

- ◯ Humana
- ◯ HealthCore

Project Information

Research Project Title _____

Type of Study

Pre-research, feasibility phase, prior to submitting for funding.

Intervention Trials, which usually involve randomization at the participant/patient, physician, clinic, hospital, or systems levels, but could use non-random allocation of the intervention.

Retrospective Observational Studies that use existing data in cross-sectional or longitudinal analyses.

Prospective Observational Studies that involve collection of new data.

◯ Pre-research ◯ Intervention Trial ◯ Retrospective Observational Study ◯ Prospective Observational Study ◯ Other study type

Please specify other study type _____

Area(s) being studied

☐ Autoimmune
☐ Behavioral Health
☐ Cancer
☐ Cardiovascular
☐ Gastroenterology
☐ Healthcare Delivery
☐ Health Disparities
☐ Neurosciences
☐ Obesity/Diabetes
☐ Pediatrics
☐ Pulmonary
☐ Rare Diseases
☐ Renal
☐ Other

Please specify rare disease(s) being studied _____

Please specify other area being studied _____

Please describe the study population

Does the study include children 18 years or younger? ◯ Yes ◯ No

Please describe the aims or research questions to be addressed by the study

What type of interventional treatment will be assigned by the study team?

◯ Drug
◯ Medical Device
◯ Behavioral
◯ Other

Please describe the intervention(s)

Please describe how this project is Participant/Patient-Centered.

(A research activity is participant/patient-centered if it pursues a question that is important to participants/patients, measures outcomes that are noticeable and meaningful to participants/patients, and produces results that help participants/patients weigh the value of healthcare options given their personal circumstances, conditions, and preferences.)

Describe how participants/patients are engaged or your intent to engage participants/patients in planning, conducting, and disseminating the research study.

(e.g., In what phases of the project? Are you working with PPRNs? Advocacy groups? Which stakeholders or groups are you/will you be engaging? What components of the research project will they be contributing to? How has/how will your study design be modified by the participant/patient engagement?)

Refer to: http://www.pcori.org/sites/default/files/Engagement-Rubric.pdf

If relevant to the project, do you have an executable/electronic phenotype algorithm already in place to identify subjects?

◯ Yes ◯ No

Please include a complete phenotype algorithm if available.

Are you including at least 1 PCORnet network (CDRN or PPRN) as part of the investigator team?

- ◯ No
- ◯ Yes, CDRN
- ◯ Yes, PPRN
- ◯ Yes, both CDRN and PRRN
- ◯ Yes, Health Plan

Please select the CDRNs that will be involved in this project.

- ☐ To be determined
- ☐ ADVANCE
- ☐ ARCH
- ☐ CAPriCORN
- ☐ GPC
- ☐ LHSNet
- ☐ Mid-South
- ☐ NYC
- ☐ OneFlorida
- ☐ PaTH
- ☐ PEDSnet
- ☐ PORTAL
- ☐ pSCANNER
- ☐ REACHnet

Please select the role(s) of the CDRN(s).

- ☐ Co-Investigators
- ☐ Intervention Sites
- ☐ Recruitment of participants/patients
- ☐ Stakeholder engagement
- ☐ Other

Please describe other role

_____

Please select the PPRNs that will be involved in this project.

- ☐ To be determined
- ☐ ABOUT
- ☐ AD-PCPRN
- ☐ AR-PoWER
- ☐ CENA
- ☐ CCPRN
- ☐ COPD
- ☐ DuchenneConnect
- ☐ Health eHeart Alliance
- ☐ IBD
- ☐ ImproveCareNow
- ☐ Interactive Autism Network
- ☐ Mood
- ☐ Multiple Sclerosis
- ☐ NephCure Kidney Network
- ☐ PARTNERS
- ☐ PMS_DN
- ☐ PI-CONNECT
- ☐ PRIDEnet
- ☐ Rare Epilepsy Network
- ☐ SAPCON
- ☐ Vasculitis

Please select the role(s) of the PPRN(s).

- ☐ Co-Investigators
- ☐ Intervention Sites
- ☐ Recruitment of participants/patients
- ☐ Stakeholder engagement
- ☐ Other

Please describe other role

_____

Please select the involved health plan

◯ Humana
◯ HealthCore

If known, please provide the investigator's name(s) _____

If known, please provide the site name(s) _____

Do you need help engaging a PCORnet PI? ◯ Yes ◯ No

Please describe the benefits for the CDRN or PPRN PI for participation.

Have you identified a lead site for this study? ◯ Yes ◯ No

Name of Site _____

What is the expected source of funding?

☐ PCORI
☐ NIH
☐ Industry
☐ Foundation
☐ Other

Please specify other source of funding _____

What is the status of funding?

◯ Letter of Intent
◯ Application
◯ Awarded and Contracted
◯ Executed
◯ Other

Has the letter of intent been submitted? ◯ Yes ◯ No

What is the deadline for the letter of intent? _____

What is the funding announcement URL? _____

Has the application been submitted? ◯ Yes ◯ No

What is the deadline for the application? _____

What is the funding announcement URL? _____

Please describe other funding status

What type of resource(s) are you requesting?

☐ Network Collaborator Request
☐ Data Network Request
☐ PCORnet Study Designation Request

By what date do you need the resource(s) by?

_____

Please acknowledge that you are aware that the costs of the project/study will be supported by your program budget.

◯ I am aware that the cost of the project/study will be supported by my program budget.

Network Collaborator Request

If you are planning on using the PCORnet Common Data Model, please refer to: http://www.pcornet.org/?s=Common+data+model

Please upload a summary of your project and collaboration request using the PCORnet Informational Slide Template.

The informational slide template will be provided to the PCORnet Network Partners. Would you like to present these slides during an informational webinar to address questions and enhance response rate?

◯ Yes ◯ No

Please provide available dates/times during the next 2 weeks.

Available Date/Time

Date/Time #1:
slides_presentation_dt1

Date/Time #2:
slides_presentation_dt2

Date/Time #3:
slides_presentation_dt3

_____

_____

_____

Reason for request

- ☐ Development and validation of computable phenotypes
- ☐ Obtaining counts for feasibility or sample size estimates
- ☐ Research on de-identified data (without subject contact)
- ☐ Research on identified data
- ☐ Identification and contact of study subjects
- ☐ Survey research
- ☐ Observational research with subject recruitment and data collection
- ☐ Pragmatic clinical research
- ☐ Stakeholder engagement to guide research efforts
- ☐ Identification and engagement of CDRN affiliated clinics or hospitals for research
- ☐ Claims data linkage
- ☐ Request for letter of support for grant submission
- ☐ CRG request

Attach site budget, if available

Please provide details and short term needs for site identification for recruitment/enrollment

Please provide details and short term needs for investigator expertise

Please provide details and short term needs for patient/participant engagement expertise

Please select the type(s) of network collaboration you are seeking

- ☐ Clinical Data Research Network (CDRN)
- ☐ Patient Powered Research Network (PPRN)
- ☐ Collaborative Research Group (CRG)

Data Network Request
The PCORnet Distributed Research Network Operations Center (DRN OC) can obtain counts from all of the PCORnet Network Partners and answer other data queries by using data transformed to the PCORnet Common Data Model (CDM) and querying via the PCORnet Query Tool. Complete this section if interested in optimizing site identification for recruitment/enrollment and to submit other data requests to the PCORnet DRN OC.

If you are planning on using the PCORnet Common Data Model, please refer to:
http://www.pcornet.org/?s=Common+data+model

Please describe the information you are seeking.

If possible, please address:
• What condition/characteristics would you like to identify? How is it defined?
• Are there other descriptors to assist with identifying the condition/characteristics?
• Is there a specific age group you are interested in?
• Are you interested in a specific diagnosis, procedure, medication, vital, demographic, lab result, encounter (inpatient, outpatient), etc.?
• Do you have classification codes (ICD 9, ICD 10) or procedure codes (CPT) available to assist with this request?
• Is there a specific time period for which you want your request limited to (e.g., 1 year period or a 5 year period)?

PCORnet Study Designation Request
If funding is awarded and contracted or executed, PCORnet Study Designation reflecting the PCORnet brand and its association with high-quality, efficient, and timely people-centered outcomes research may be requested. To meet PCORnet Study Designation requirements, the study must:
1. Be people-centered
2. Include at least one PCORnet Clinical Data Research Network (CDRN) or Patient Powered Research Network (PPRN)

3. Use quality-checked data standardized to the PCORnet Common Data Model (CDM) format
4. Use as many PCORnet resources as possible (e.g., PCORnet query tool)
5. Demonstrate how participants/patients are engaged in the design, conduct, analysis, or dissemination of the research.

CDRNs involved in this study

- ☐ N/A
- ☐ ADVANCE
- ☐ ARCH
- ☐ CAPriCORN
- ☐ GPC
- ☐ LHSNet
- ☐ Mid-South
- ☐ NYC
- ☐ OneFlorida
- ☐ PaTH
- ☐ PEDSnet
- ☐ PORTAL
- ☐ pSCANNER
- ☐ REACHnet

PPRNs involved in this study

- ☐ N/A
- ☐ ABOUT
- ☐ AD-PCPRN
- ☐ AR-PoWER
- ☐ CENA
- ☐ COPD
- ☐ CPPRN
- ☐ DuchenneConnect
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- ☐ NephCure Kidney Network
- ☐ PARTNERS
- ☐ PMS_DN
- ☐ PI-CONNECT
- ☐ PRIDEnet
- ☐ Rare Epilepsy Network
- ☐ SAPCON
- ☐ Vasculitis

PCORnet Coordinating Center Services

- ☐ PCORnet distributed research network, common data model, and query tool
- ☐ SMART IRB agreement
- ☐ Other

Please specify other PCORnet Coordinating Center service _____

Attestation for PCORnet Study Designation
Requirements for PCORnet designated studies are policies of the governing PCORnet Council, the governing body of the network, and are intended to assure transparency of our activities and improvement in service to investigators and the public. If this study receives PCORnet study designation, please specify if you agree to comply with the following obligations, as applicable.

Registration with ClinicalTrials.gov for all eligible studies (including clinical trials and observational outcome studies).	◯ Yes ◯ No
Submission of the final analysis files, the final protocol, and two abstracts of no more than 500 words (one for medical professionals and one for a lay audience), to the PCORnet Coordinating Center within 18 months of study completion. Submissions will be posted on the public PCORnet website.	◯ Yes ◯ No
Acknowledgment of the study's status as a PCORnet study in all websites, reports, presentations, and manuscripts.	◯ Yes ◯ No
Submission of a report on lessons learned from your study's successes and failures to the PCORnet Coordinating Center within 18 months from the completion of the final analysis files. This report will be deposited in the PCORnet Commons, PCORnet's resourced tools and resources.	◯ Yes ◯ No
Compliance with PCORnet policies to not sell, or otherwise provide source data or analyzable datasets developed through queries that are issued via PCORnet, to third parties unless they are being shared for a pre-specified and PCORnet-approved research use. Research data collected specifically for this study and not issued via PCORnet are exempt from this provision.	◯ Yes ◯ No
Attestation for PCORnet Front Door Request I understand that information included in this request will be provided to the PCORnet Coordinating Center and Research Committee to assess feasibility of using the PCORnet infrastructure. Network Collaboration and Data Network Requests will be distributed to PCORnet to communicate collaboration opportunities and query fulfillment.	◯ Yes ◯ No