

REQUEST FOR PRISIB SERVICES

APPLICANT DATA

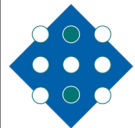
PI's Name and Surname:				
Research Group / Service:				
PI's institution:				
Name and contact phone number:				
Contact email :				
IdISBa researcher	<input type="radio"/> Yes	<input type="radio"/> No	Emerging PI	<input type="radio"/> Yes <input type="radio"/> No

BILLING INFORMATION

<input type="radio"/> PAYMENT THROUGH FUNDS LOCATED AT IDISBA			
Project code:			
<input type="radio"/> PAYMENT THROUGH FUNDS LOCATED IN ANOTHER ENTITY			
Entity name:			
Entity type:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	
CIF number:			
Address:			
City:		Postal code:	
Country:			
Contact email address:			

SERVICE REQUEST

Extraction of clinical information:	<input type="checkbox"/>	Exploratory/feasibility study:	<input type="checkbox"/>
Variables			
Selection criteria			



Institut
d'Investigació Sanitària
Illes Balears

IdISBa

SCIENTIFIC-TECHNICAL PLATFORMS

PRISIB (Health Data Research Platform of the Balearic Islands)

FE-PT-PRISIB1.001-01SOL v.6

Form Date: 09.05.2023

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Data visualization:		<input type="checkbox"/>	Collection/randomisation/ pseudonymisation:		<input type="checkbox"/>
Description					
Data custody:	<input type="checkbox"/>	Documentation consultancy:		<input type="checkbox"/>	
Duration			Research protocols	<input type="checkbox"/>	
		Interoperability plan		<input type="checkbox"/>	
		Data management plan		<input type="checkbox"/>	
		Other (describe)			

OBSERVATIONS

Date and signature