NCHS RESTRICTED VITAL STATISTICS DATA REQUEST APPLICATION FORM

Acknowledgement of Obligations

NCHS' ability to grant access to vital statistics data is dependent upon meeting the conditions established by the states and jurisdictions. Violation of the terms of data use as specified on the NCHS website (https://www.cdc.gov/nchs/nvss/nvss-restricted-data.htm) is taken seriously and may result in, among other actions, no access to any NCHS data in the future. I/We understand the following types of data requests are NOT appropriate (check all boxes to indicate agreement):

☐ Requests that do not involve an evaluation of health or factors related to health.

☐ Requests that plan to assess a single state (Note: single state data request should be directed to the corresponding state vital records office).

☐ Requests for geographic data below the levels described in the file descriptions.

☐ Requests that require exact dates (month and year are available, exact day is not). See the data release policy for details: https://www.cdc.gov/nchs/nvss/dvs_data_release.htm.

☐ Requests for data files that would be sent, or accessed remotely from, outside the United States or its territories, OR requests from overseas Principal Investigators who have no arrangement to be physically in the U.S. and affiliated with a US institution for the health-related research in question).

☐ Requests that would link the data to other data sets which may re-identify cases.

☐ Requests that involve using the data for commercial or resale purposes.

☐ Requests that include plans to store data on a commercial cloud such as Dropbox, Google Drive, Microsoft Azure, Amazon Web Services, etc.

Instructions and Other Information

1. BEFORE completing the data application, please read the application completely and carefully review the information for researchers available at: https://www.cdc.gov/nchs/nvss/nvss-restricted-data.htm.

2. ALL information on this application is required. Attach additional pages as needed.

3. Include all required and supporting documents as requested and submit your application with attachments to nvssrestricteddata@cdc.gov.

4. Applications are reviewed in the order they are received. After review, you will receive notification of approval, denial, or a request to re-submit the application with clarifications and/or amendments. Applications are generally processed within 1 – 2 weeks.

5. You may contact the NCHS Research Review Team at nvssrestricteddata@cdc.gov with any questions regarding the application process. If you are contacting the Team regarding an application already submitted, please include the name of the PI on the project application, the application title and the number assigned by NCHS (if possible).

6. After NCHS project approval, any questions regarding the status of file fulfillment, problems accessing specific files or variables, changes to project personnel, and extended access to the same files (with no new data years) should be directed to dvsdatarequests@cdc.gov.

Application Submission Date: [＿＿＿＿] (mm/dd/yyyy)

Project Title: [＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Section I: INVESTIGATOR AND INSTITUTIONAL INFORMATION

Principal Investigator

Name and Title: [＿＿＿＿＿＿＿＿＿＿＿＿＿]

Position & Affiliation: [＿＿＿＿＿＿＿＿＿＿＿]

Phone: [＿＿＿＿＿＿＿] Email address: [＿＿＿＿＿＿＿]

Is the PI a student? [ ] Yes [ ] No

> If student, a letter of support from primary mentor or advisor is required as an attachment. (The letter of support should be printed on the letterhead of the institution and include: date, statement of support for the project/research, professional relationship to the student, knowledge of student's research qualifications, length of time student has been under the mentor's supervision, involvement of mentor in the project, and the name and signature of the mentor or advisor).

Primary Mentor or Advisor Name:

Affiliation: [＿＿＿＿＿＿＿＿＿＿＿＿＿]

Phone: [＿＿＿＿＿＿＿] Email address: [＿＿＿＿＿＿＿]

Other Personnel: List all other personnel who will have access to the raw datasets (e.g., view, analyze, manage, secure).

Name: [＿＿＿＿＿＿＿＿＿＿＿＿＿]

Position: [＿＿＿＿＿＿＿＿＿＿＿＿＿]

Affiliation: [＿＿＿＿＿＿＿＿＿＿＿＿]

Roles: [＿＿＿＿＿＿＿＿＿＿＿＿＿]

Name: [＿＿＿＿＿＿＿＿＿＿＿＿＿]

Position: [＿＿＿＿＿＿＿＿＿＿＿＿＿]

Affiliation: [＿＿＿＿＿＿＿＿＿＿＿＿]

Roles: [＿＿＿＿＿＿＿＿＿＿＿＿＿]

(Add additional personnel here as needed. Attach additional pages as needed)

[＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

Section II: TYPE OF APPLICATION

☐ New Application

☐ Previously Approved Application (Check all that apply)

☐ Additional data years ☐ Amendment to data use

Section III: SPONSORING AGENCY & FUNDING INFORMATION

Is this project currently funded? ☐ Yes ☐ No

If yes, sponsoring Agency: [   ]

Section IV: DATA SET INFORMATION:

1. Have you determined that the public use micro data files (https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm) or other publicly available data (e.g., CDC Wonder) cannot meet your data needs?

☐ Yes ☐ No

2. Have you reviewed the data file descriptions/record layouts available at https://www.cdc.gov/nchs/nvss/nvss-restricted-data.htm to make sure that the variables you requested are available?

☐ Yes ☐ No

3. Which vital statistics data files are you requesting? (Select all that apply. NOTE: If you select the Natality-All Counties or Detailed Mortality-All Counties file, do NOT also select the Natality-Limited Geography or Detailed Mortality-Limited Geography file; see the footnotes below. Request files with county identifiers only if needed for county-level data aggregation or analyses.)

☐ Natality - Limited Geography[1]   ☐ Detailed Mortality - Limited Geography (2005+)[2]

☐ Natality - All Counties[3]   ☐ Detailed Mortality - All Counties[3]

☐ Fetal Deaths - All Counties[4]   ☐ Compressed Mortality - All Counties (not available after 2016)[5]

☐ Period Linked Births/Infant Deaths - All Counties[4]

☐ Birth-cohort Linked Births/Infant Deaths - All Counties[4]

[1]Includes geographic identifiers for all states, plus counties and cities of 100,000 or more population.
[2]Includes identifiers for states only. Do NOT also select this if requesting files with county identifiers.
[3]Includes identifiers for all states, all counties, plus cities of 100,000 or more population.
[4]Includes identifiers for all states, all counties, plus cities of 250,000 population or more.
[5]Includes identifiers for all states and all counties, but only r race, age group, gender, and underlying cause. Select either the CMF or the more comprehensive Detailed Mortality-All Counties file, not both, unless there is a related research justification.

4. Years of Data Requested: [   ]
(Please see website, https://www.cdc.gov/nchs/nvss/dvs_data_release.htm, for our file-release time frame.)

5. Was this specific study previously approved for different data years?

☐ Yes ☐ No

If yes, indicate for which data years, the date submitted, name of PI, and title of project.

6. Do you plan to link any other datasets to the data you are requesting?

☐ Yes ☐ No

If yes, describe the other datasets and the type of data, data linkage, and/or level of data linkage (**Do NOT link with other data at the individual record level**).

Section V: PROJECT SUMMARY

1. Please provide a brief overview of your project, including objective(s), study population (age, sex, race and ethnicity, and geographic area and level), and analytical methods. Specifically state why the restricted rather than public-use vital events data are needed and how the requested data will be used in the analysis.

2. Briefly describe the significance of the planned research and the purpose for which it will be used.

3. Please describe your plan for the release of results, including the public dissemination plans (for example, presentations, publications, query systems, etc.).

4. Do you agree to abide by the NCHS data suppression standard that no count, including totals or rates based on counts, should be less than 10 in tabulations, figures, graphs, maps, tables, etc. for sub-national geographic areas, regardless of number of years combined?

☐ Yes   ☐ No

5. When do you expect to complete the proposed work? Provide justifications as needed.
   (mm/dd/yyyy): _____
   (NOTE: The proposed project period may not exceed 3 years initially. For an approved project, to extend access to the same data files past the approved period, you will need to apply to NCHS for an extension. To extend access to the same files AND add new data years to the approved project, submit an amended application instead.)

Section VI: SECURITY MEASURES

DVS restricted data may not be accessed outside of the U.S.A. and should be stored on, and accessed from, the secure computer system of the affiliated organization or institution. If a secure computer system is not available, the data may be stored on a password-protected, encrypted computer protected by anti-malware and anti-virus software. **Storage and access of data files using a cloud-based system is not permitted**.

1. Where will the data be stored and accessed?

   ☐ On my affiliated organization's/institution's computer system (i.e., not a commercial cloud server). **The organization's/institution's computer must be used by student researchers**.

   ☐ On a stand-alone computer or laptop

       ☐ Computer is fully encrypted and password protected

       ☐ Computer is protected by (describe):

   ☐ Other (describe):

Please clearly describe your institution's data protection procedures, and if possible, state who will be responsible for the security of the DVS restricted data. NOTE: If data stored at your (application PI's) institution will be accessed by project personnel at other institutions, clarify how access will be provided without jeopardizing data security. Alternatively, if data will be stored at and accessed from more than one institution, you must include a description of the data protection procedures and responsible party at EACH institution in your response.

2. Additional information that may assist this review.

NOTE: Please attach CV's, bio-sketches, or a brief summary of the qualifications for the principal investigators and personnel who will have access to the raw data files. This should include: name and contact details, current institutional affiliation, work experience, education, qualifications, and key skills.