CHARLES D. BAKER
Governor

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Lieutenant Governor

The Commonwealth of Massachusetts

Department of Public Health
Bureau of Health Care Safety and Quality
Office of Prescription Monitoring and Drug Control
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Secretary

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Commissioner

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The Commissioner or designee may provide de-identified data to a public or private entity for statistical research or educational purposes. M.G.L. c. 94C, §24A

Prescription Monitoring Program (PMP) Deidentified Data Request Form Submission Guidelines

(Patients seeking their own controlled substance prescription history need to submit this in writing or via email at the following: BHCSQ, 99 Chauncy Street, Boston MA 02111 or email to: mapmp.dph@MassMail.State.MA.US)

- All sections must be completed unless otherwise indicated. Incomplete Data Request Forms will not be processed.
- All completed Data Request Forms must be signed, and scanned and submitted electronically to: mapmp.dph@state.ma.us or submitted by mail to the address noted above (email transmission is recommended).
- For more information on the Massachusetts Prescription Monitoring please visit: www.mass.gov/dph/dcp/pmp

Section 1. Data Requester's Primary Contact information

Organization Name: [ ]

First Name: [ ] **Last Name:** [ ]

Suffix: [ ]

Degrees (if applicable): [ ]

Credentials (if applicable):
Drug Enforcement Administration (DEA#) : [ ]
Professional License #: [ ]
Board of Pharmacy #: [ ]
National Provider Information (NPI#): [ ]

Business Address: Data requests must include street address; applications with PO Box address will not be processed.

Facility Name & Department: [ ]

Street: [ ] **City:** [ ] **State:** [ ] **Zip:** [ ]

Mailing Address (Check here if the same as Business Address, if not please enter below): [ ]

Street: [ ] **City:** [ ] **State:** [ ] **Zip:** [ ]

Business Telephone No. : [ ]

Requester's Email Address: [ ]

Section 2. Data Request **Information**

Purpose of Request: Check One ("X")	
☐	Research
☐	Grant
☐	Evaluation
☐	Industry

The purpose of this section is to provide a description of the project and the intended use of the requested data.

1. Briefly describe your organization and your current role.

2. Provide brief description of the data request.

3. Please place an X next to Massachusetts and/or all applicable Massachusetts Counties from which you are requesting data.

State/County	Check County to Request Data
Massachusetts	☐
Barnstable	☐
Berkshire	☐
Bristol	☐
Dukes	☐
Franklin	☐
Hampden	☐
Hampshire	☐
Middlesex	☐
Nantucket	☐
Norfolk	☐
Plymouth	☐
Suffolk	☐
Worcester	☐

4. Please describe the type of data you are requesting (i.e. Year, Drug Schedule).
(County and state level data are categorized by age group, drug type, schedule, gender, and year.)

5. Does the data request require Institutional Review Board (IRB) approval? (Y/N) [ ] If yes, please attach the IRB approval.

6. Is this data request used to inform a grant and/or grant application? (Y/N) [ ] If yes, please attach the specifications of the grant.

7. Do you intend to publish the findings from this data request? (Y/N) [ ] If yes, please see the publishing restrictions below.

8. Have you submitted previous PMP data requests? (Y/N) [ ] If yes, please provide the dates and project/research titles of all previous PMP data requests.

9. How will the data be used to inform your research?

Note: To satisfy this description, you may attach additional pages. If this form does not meet your needs, please contact the Office of Prescription Monitoring and Drug Control Program for additional information.

Section 3. Data Request Form Submission

By signing this form, the requester agrees to the following:

1. You are not permitted to publish any articles that reference this data without authorized approval from the MA Department of Public Health (MDPH).
2. MDPH shall reserve the right to deny PMP data requests.

Print Name _____

Affiliation and Title: _____

_____ _____

Signature Date

Department of Public Health Use Only

Date Request Received:

Data Request Number (assigned by program):

Date Request Completed:

Check ("X") for Status of Request	Status
☐	Data Request Approved
☐	Data Request Rejected
☐	Need more information