# Extract Background and Status

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| --- | --- |
| **JIRA:** | [CCDA-xxx] |
| **Study PI:** |  |
| **Study Title:** |  |
| **Contact:** | [if different from PI] |
| **Date:** |  |
| **Extract purpose:** | [brief description of study as well as purpose for extracting data] |
| **Current IRB status:** | [e.g., IRB number, IRB name (IRB-X, etc.), and status (approved, pending) |
| **Funding available:** | [enter cost center number if available] |
| **Extract frequency:** | [one-time, weekly, monthly, etc.] |
| **Data Source:** | [Epic, SCM, CaseMix, EPR2020, etc.] |
| **Extract Structure:** | [Excel, pipe-delimited, CSV, SQL tables – we are starting to send everything as pipe-delimited to avoid errors with large data sets and Excel] |
| **Data Delivered To:** | [server name, share name – or JHBox, Enterprise NAS, etc.] |
| **Data Shared with external entity?** | [Include information on researcher’s intent to share outside of JHM. This includes corporate sponsors and multi-site studies. Also include information on what data elements are proposed to be shared and in what format (PHI, limited data set, etc.)] |
| **Work Estimate** | [estimate in hours] |

# Inclusion criteria

Only patients with the following criteria will be included in the extract results:

[Who? Adult or pediatrics?]

[Where seen? – as outpatient or inpatients? At specific clinics?]

[When seen? – date/time range]

[What disease, what lab results, what meds, what other conditions?]

# Exclusion criteria

Patients with the following criteria will be excluded from the extract results:

[Deceased? Other comorbidities? Other exclusions?]

# Extract Sections and Format

The extract output will consist of x section(s): Add sections (table) to represent one-to-many or many-to-many relationships.

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| --- | --- |
| **Data Element** | **Notes** |
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# Comments

1. The CCDA will conduct a review of the IRB protocol to ensure that requested data match what was approved by the IRB.
2. Use of Data Agreement needs to be signed by PI before we can begin work.
3. This project may need to be reviewed by the Data Trust Research Sub-council, depending on cohort size.
4. Chief Information Security Officer Darren Lacey needs to confirm the security of the destination server before we can deliver data to that server.
5. Data requests for Johns Hopkins Community Physician (JHCP) patient data will need to be approved by the JHCP data committee. Contact Jennifer Bailey for more information.