State CARES Data Sharing Proposal Form

Thank you for your interest in the Cardiac Arrest Registry to Enhance Survival (CARES). To initiate a state-level research project utilizing CARES data, please complete the application below and submit electronically to Rabab Al-Araji at [ralaraj@emory.edu](mailto:ralaraj@emory.edu).

The proposal will be reviewed by the CARES Data Sharing Committee within 4 weeks to determine that it is scientifically sound and that the scope of the analysis is reasonable. If the committee approves the proposal:

* CARES staff will conduct a webinar to review the data elements and answer questions prior to providing the researcher with the de-identified dataset.
* The researcher must sign a Non-Disclosure Agreement stating they will not share the dataset or expand the analysis beyond the scope of the proposal.
* Abstracts for presentations at scientific meetings should be submitted within 3 months of receipt of the dataset. Abstracts must be sent to the CARES Data Sharing Committee for review 2 weeks in advance of submission.
* Publication manuscripts should be submitted within 9 months of receipt of the dataset. Manuscript drafts must be sent to the CARES Data Sharing Committee for review 4 weeks in advance of submission.

More detailed information about the CARES Data Sharing Policy and Guidelines can be found at: <https://mycares.net/sitepages/datashare.jsp>.

**Primary Contact Information**

**Name:**

**Title:**

**Hospital/University/Company:**

**Phone:**

**Email:**

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| Project name/Working title: |
| Lead investigator: |
| Target Conference: |
| Target Journal: |

1. Funding

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| **Is this project funded?** (If yes, please review the CARES National Dataset Fee FAQ Document for more information.) |
| If so, is the funding internal to your institution or externally funded? |
| If externally funded, what entity or organization is the source of the funding? |
| What is the total expected award amount? |
| Please include any other detail(s) that you feel is relevant: |

1. Study Investigators

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| --- | --- | --- |
| Name | Institution | Email (required) |
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1. Main objective, aim, or hypothesis

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1. Background/Rationale

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1. Methods

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| Specific outcome(s) of interest: |
| Explanatory variables of interest: |
| Study population (inclusion/exclusion criteria): |
| Analysis plan (*with power calculations and plans for obtaining statistical/epidemiological expertise, if relevant*): |

1. Relevant references

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*FOR USE BY CARES:*

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| Date submitted:  CARES DSC deadline:    Date approved: | **DSC Feedback/Comments:** |