

RESEARCH IDENTIFIABLE FILE (RIF) REQUEST APPLICATION: COLLABORATING ORGANIZATION SUPPLEMENT

GENERAL INSTRUCTION

Fill out one copy of this Attachment for each collaborating organization identified in the Key Personnel Document.

Requester	
<i>Must match the individual specified in the RIF DUA.</i>	
Requesting Organization	
<i>Must match the organization specified in the RIF DUA.</i>	
Study Title	
<i>Must match the study title specified in section 3 of the RIF DUA.</i>	
Collaborating Organization	
<i>Must match the organization name used in section 3 of the Key Personnel Supplement.</i>	

Please answer the following questions about access to individually identifiable Medicare beneficiaries and/or Medicaid recipients (hereinafter referred to as beneficiaries) data and any individually identifiable derivative data that is not compliant with section 5 of the DUA.

1. Type of Organization (Collaborating Organization):

Please check one.

- Non-profit/Academic
- For-profit (i.e., participating in CMS' Innovator Program)
- State Agency
- Federal Agency

2. How will the collaborating organization access the unaggregated CMS data (secure VPN, a physical copy on site at the collaborating organization, traveling to the DUA holder's site, etc.)? If the collaborating organization holds a copy of the data (in part or in whole), please attach the appropriate DMP SAQ summary report.

3. Describe the role the collaborating organization will have in this study.