

Cardiovascular Health Study Supplemental Data Request Form

Please complete all shaded areas of this form and return by e-mail to:
CHSDATA@uw.edu

NOTE: Additional data requested must be within the scope of the original approved proposal. If the proposed analysis has changed significantly, a revised proposal must be submitted and approved by CHS P&P before requesting data.

Proposal Information

CHS Paper #: _____

Paper Title: _____

First Author Information

Name: _____

Institution: _____

Email: _____

Is the first author an Early-Stage investigator according to NIH criteria?
(<https://grants.nih.gov/policy/early-investigators/index.htm>)

Yes

No

Data File Request

Person data should be sent to (*this person must be covered under the DMDA*)

Name: _____

Email: _____

Specify the format in which you would like to receive the data (check one)

Stata

SAS

Comma-delimited (.csv)

Other. Please specify: _____

List variables requested and study year

Variable description	Year of study/timeframe

