NEW YORK STATE DEPARTMENT OF HEALTH
Cardiac Services Program

Data Use Agreement

[Agreement For Use Of New York State Cardiac Data Set Pursuant To Public Health Law Section 2816-a]

FOR DOH USE

Request Number:

This agreement is by and between the New York State Department of Health and an applicant for Cardiac Services information and the applicant's affiliated organization, hereinafter termed "Researcher". The New York State Department of Health (NYSDOH) agrees to provide the approved Researcher with a Cardiac Data Set of Cardiac Services Information that reside in the Cardiac Surgery Reporting System (CSRS) and / or Percutaneous Coronary Intervention Reporting System (PCIRS), collectively 10 NYCRR 405.29(a)(5) Cardiac Reporting System as described in Attachment A. Cardiac Data Sets and Cardiac Services Information and or any portion thereof are herein collectively referred to as "Cardiac Data". In exchange, the Researcher agrees to the following:

(1) to pay applicable fees (in the amount specified in Attachment B);

(2) to restrict the use of Cardiac Data, and not permit others to use the Cardiac Data for any purpose other than those specified and approved by the Commissioner as described in Attachment C;

(3) to establish appropriate administrative, technical, and physical safeguards (e.g. locked file cabinets, password protected computer files, limitation of staff access on a need-to-know basis, etc) to maintain the security and protect the confidentiality of the Cardiac Data and to prevent unauthorized use or access to it;

(4) to make no use of knowledge about the identity of a person inadvertently discovered by the review of the Cardiac Data, to safeguard or destroy the information and tell no one of the discovery;

(5) not to disclose, use, reuse, sell, rent, lease, loan, or otherwise grant access to the Cardiac Data or any portion thereof covered by this agreement except as NYSDOH shall authorize in writing or as otherwise required by law;

(6) not to disclose direct findings, listings, or information derived from the Cardiac Data if such findings, listings, or information can, by themselves or in combination with other data, be used to directly or indirectly identify any particular individual or establishment described therein;

(7) not to attempt to link records included in the Cardiac Data to any other individually identifiable source of information. This includes attempts to link the data to other Cardiac Data sets received for the Researcher's other research projects or those received by other researchers;

(8) to review the Cardiac Data Element Definitions, available upon request from the Cardiac Services Program (1 University Place, Suite 218 Rensselaer, New York, 12144) and to make all reasonable attempts to assure that any and all statements made about the Cardiac Data in any documents are accurate;

(9) to provide the NYSDOH Cardiac Services Program (1 University Place, Suite 218 Rensselaer, New York, 12144) copies of all documents (manuscript, table, chart, study, report, etc.) produced using or referencing Cardiac Data released under this agreement upon notice of their acceptance for publication and not less than thirty-days prior to publication;

(10) to include in any and all documents a disclaimer which states that the views presented are those of the authors and do not necessarily represent those of the NYSDOH or the New York State Cardiac Advisory Committee;

(11) to provide periodic reports as requested by the NYSDOH;

(12) to notify the NYSDOH of any and all changes to all research project participants, their titles and affiliations in writing (Cardiac Services Program, 1 University Place, Suite 218 Rensselaer, New York, 12144). No individual or entity shall be permitted access to the Cardiac Data until they answer to the NYSDOH satisfaction all elements of paragraph 3 in the Application.

(13) The parties mutually agree that the aforesaid file(s) (and/or any derivative file(s)) may be retained by the Researcher until two years after the date the files were originally released by NYSDOH, hereinafter known as the "Retention Date." The Researcher agrees to notify NYSDOH within 30 days of the completion of the approved research project if the research project is completed before the aforementioned retention date. Within 30 days of such notice or retention date, whichever occurs sooner, the Researcher agrees to destroy such data and send written certification of the destruction of the files to NYSDOH. The Researcher acknowledges that the date is not contingent upon action by NYSDOH.

(14) The parties mutually agree that NYSDOH retains all ownership rights to the Cardiac Data referred to in this agreement and that the Researcher does not obtain any right, title, or interest in any of the Cardiac Data furnished by the NYSDOH.

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Request Number:

(15) The Researcher agrees that in the event NYSDOH determines or has a reasonable belief that has occurred or may have occurred a use, reuse or disclosure that is not authorized by this agreement, NYSDOH at its sole discretion may require the Researcher to:
   (a) promptly investigate and report to NYSDOH the Researcher determinations regarding any alleged or actual unauthorized use, reuse or disclosure;
   (b) promptly resolve any problems identified by the investigation;
   (c) if requested by NYSDOH, submit a formal response to an allegation of unauthorized use, reuse or disclosure;
   (d) if requested by NYSDOH, submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses or disclosures; and
   (e) if requested by NYSDOH, return Cardiac Data or destroy the Cardiac Data it received from NYSDOH under this agreement.

(16) The Researcher understands that as a result of NYSDOH's determination or reasonable belief that unauthorized uses, reuses or disclosures have taken place, NYSDOH may refuse to release further Cardiac Data to the Researcher for a period of time to be determined by NYSDOH.

(17) The Researcher agrees to report, within 24 hours, any breach of data from the NYSDOH Cardiac Data file(s), any loss of Cardiac Data or any disclosure of Cardiac Data to any unauthorized person to: Kimberly S. Cozzens, Cardiac Initiatives Research Manager, Cardiac Services Program, 1 University Place, Suite 218 Rensselaer, New York, 12144. Telephone number: (518) 402-1016

(18) While NYSDOH retains all ownership rights to the Cardiac Data, the Researcher shall bear the cost and liability for any breaches of Cardiac Data entrusted to the Researcher. Furthermore, if NYSDOH determines that the risk of harm requires notification of affected individual persons of the security breach and/or other remedies, the Researcher agrees to carry out these remedies without cost to NYSDOH.

(19) The Data Use Agreement may be terminated by either party at any time for any reason upon 30 days written notice. Upon notice, the NYSDOH Cardiac Services Program will cease release of Cardiac Data and will notify the researcher to destroy the files. Those provisions regarding protection of the confidentiality of the Cardiac Data and responsibilities should there be a breach survive the agreement. Termination of the agreement will not result in return of fees.

(20) The Researcher agrees to grant access to the Cardiac Data, at any site where the Cardiac Data may be located as part of the approved research project, to the authorized representatives of NYSDOH for the purpose of inspecting to confirm compliance with the terms of this agreement. The researcher agrees to cooperate with NYSDOH.

(21) The Researcher represents, and in furnishing the Cardiac Data specified in Attachment A, NYSDOH relies upon such representation, that such cardiac services information data file(s) will be used solely for the purpose(s) specified in Attachment C, and only to those who have signed an individual affidavit in Attachment E and who are listed as authorized participants in Attachment D.

   The Researcher represents that the facts and statements made in any study or research protocol or project plan submitted to NYSDOH for each purpose, are complete and accurate.

(22) The parties mutually agree that the following are part of this agreement:

- Commissioner's Approval Letter;
- Attachment A – Notification of Approved Data Elements;
- Attachment B – Applicable Fee;
- Attachment C – Approved Purpose;
- Attachment D – Authorized Project Participants;
- Attachment E – Individual Affidavit; and
- Attachment F – Organizational Affidavit

By signing this agreement, the Researcher agrees to abide by all provisions set forth herein this agreement.

Researcher/Project Director:

SIGNATURE: _____ DATE: _____

PRINT NAME AND TITLE: _____

AFFILIATION: _____

Attachment A

Notification of Approved Data Elements

CSRS DATA ELEMENTS TO BE RELEASED BY DATA SET YEAR Project ID# _____

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
PFI	PFI Number																
SEQUENCE	Sequence Number																
Patient Information																	
SEX	Sex																
ETHNIC	Ethnicity																
RACE	Race																
RACESPEC	Race (Other/Specify)																
RESIDENC	Residence Code																
STATE	State or Country (if not New York)																
ADMIDATE	Hospital Admission Date																
PAYER	Payer Source																
MEDICAID	Medicaid																
TRANS_PFI	Transfer PFI																
AGE	Age in Years																
Procedural Information																	
CATHPFI	PFI of Hospital That Performed Diagnostic Cath																
PHYSNUM	Primary Physician Performing Operation (License Number)																
SURGDATE	Date of Surgery																
SURGHOUR	Time at start of procedure - hour.																
SURGMIN	Time at start of procedure - minute.																
PRIOSURG	Prior Surgery This Admission																
PRIODATE	Prior Surgery Date																
PROC1	SCAC Procedure Code 1																
PROC2	SCAC Procedure Code 2																
PROC3	SCAC Procedure Code 3																
PROC4	SCAC Procedure Code 4																
TOT_COND	Total Conduits																
ART_COND	Arterial Conduits																
DISTAL	Distal Anastomoses																
MINI_INV	Minimally Invasive																
STND_INC	Converted to Standard Incision																
CONVERT	Converted from off pump to on pump																
ALL_OFF	Entire Procedure off pump																
IMA	Internal Mammary Artery Grafting																
EXTUB_24	Extubated within 24 hours Post-op																
EX_CONT_24	Extubation within 24 hours Post-op Contraindicated																
BETA24	Beta Blocker Use within 24 hours Post-op																
BETA24_C	Beta Blocker Use within 24 hours Post-op Contraindicated																
GLUCOSE	Glucose Control Protocol Used																
POST_TEMP	Temperature, Post-OP																
CRIT	Hematocrit, Post-OP																

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
BETA_BL_PRE	Pre-OP Beta Blocker																
BB_PRE_CONTRA	Pre-OP Beta Blocker, Contraindicated																
VATS	Video Assisted Thoracic Surgery (VATS)																
PLEGIA	Cardioplegia																
LIMA_LAD	LIMA to LAD																
IVHEP_48	IV Heparin within 48 hours pre-op																
GMI_MIN	Global Myocardial Ischemic Time in minutes																
CIRC_ARES	Total Circulatory Arrest time in minutes																
CPB_MIN	Cardiopulmonary Bypass Time in minutes																
TRIAL	Clinical Trial																
TRIAL_NAME	Clinical Trial Name																
Pre-Op Surgical Risk Factors																	
PRIORITY	Surgical Priority																
HEIGHT	Height																
WEIGHT	Weight																
EJEC_FRAC	Ejection Fraction (%)																
MEASURE	Measure																
CCS_CLAS	Angina CCS Functional Class																
CREATININE	Creatinine																
LMT	Vessels Diseased: LMT																
PROX_LAD	Vessels Diseased: Prox LAD																
MID_LAD	Vessels Diseased: Mid/Dist LAD or Major Diagonal																
RCA	Vessels Diseased: RCA or PDA																
LCX	Vessels Diseased: LCX or Large Marginal																
STEN_AOR	Valve: Aortic Stenosis																
STEN_MIT	Valve: Mitral Stenosis																
STEN_TRI	Valve: Tricuspid Stenosis																
INCO_AOR	Valve: Aortic Incompetence																
INCO_MIT	Valve: Mitral Incompetence																
INCO_TRI	Valve: Tricuspid Incompetence																
NORISK	Risks: No Risk Factors																
PAT_GRAFT	Previous CABG w/ Patent Grafts																
OTH_SURG	Any Other Previous Cardiac Surgery																
PREMILT6	Risks: Previous MI less than 6 hours																
PREMI623	Risks: Previous MI 6-23 hours																
PREMIDAY	Risks: Previous MI Days. (Use a value of 21 for 21 or more days)																
CEREBRO	Risks: Cerebrovascular Disease																
PERIPH	Risks: Peripheral Vascular Disease																
UNSTABLE	Risks: Hemodynamic Instability at Time of Procedure: Unstable																
SHOCK	Risks: Hemodynamic Instability at Time of Procedure: Shock																
CHF_CUR	Risks: Congestive Heart Failure, Current																
CHF_PAST	Risks: Congestive Heart Failure, Past																
BNP3X	Risks: BNP 3x Normal																
MAL_VENT	Risks: Malignant Ventricular Arrhythmia																
COPD	Risks: Chronic Obstructive Pulmonary Disease																
CALCAORT	Risks: Extensive Aortic Atherosclerosis																
DIABETES	Risks: Diabetes Requiring Medication																

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
HEPATICF	Risks: Hepatic Failure																
REN_DIAL	Risks: Renal Failure, Dialysis																
EME_CATH	Risks: Emergency Transfer to OR after Dx Cath																
EME_PCI	Risks: Emergency Transfer to OR after PCI																
PCITHIS	Risks: Previous PCI, this admission																
PCIBEFO	Risks: Previous PCI, before this admission																
THROMBOS	Risks: Stent Thrombosis																
ORGAN	Risks: Any Previous Organ Transplant																
HT_TRANS	Risks: Heart Transplant Candidate																
ENDOCARD	Risks: Active Endocarditis (Specific to Valve Surgery)																
OLD_ISD	Risks: Immune System Deficiency																
OLD_OHS	Previous Open Heart Operations																
OLD_TRANSMI	Risks: Transmural MI																
OLD_CARDIOMEG	Risks: Cardiomegaly (Specific to Valve Surgery)																
OLD_EFMEA	Ejection Fraction – how calculated																
OLD_STRS_RES	Stress Test Results																
OLD_PAPRES	Pulmonary Artery Pressure Systolic																
OLD_PAWED	Pulmonary Artery Pressure Mean Wedge																
OLD_CI	Cardiac index																
OLD_STROKE_R	Risks: PVD –Stroke																
OLD_CAROTID	Risks: PVD – Carotid/Cerebrovascular																
OLD_AORT	Risks: PVD – Aortoilliac																
OLD_FEMPOP	Risks: PVD – Femoral/popliteal																
OLD_CPR	Risks: Hemodynamic Instability at Time of Procedure: CPR																
OLD_GT1MI	Risks: More than one previous MI																
OLD_HYPERTEN	Risks: Hypertension history																
OLD_IVNTG	Risks: IV NTG within 24 hours before operation																
OLD_MRUPTURE	Risks: Myocardial rupture																
OLD_CREAT	Risks: Renal Failure, creatinine > 2.5 mg/dl																
OLD_IABP	Risks: IABP pre-op																
OLD_THROM	Risks: Thrombotic therapy within 7 days																
OLD_SMOK2WK	Risks: Smoking history, in past 2 weeks																
OLD_SMOKYR	Risks: Smoking history, in past year																
OLD_ECG	Risks: ECG evidence of left ventricular hypertrophy																
Major Events Following Operation																	
NOCOMPS	Events: No Major Events Following Operation																
STROKE	Events: Stroke (New Neurological Deficit) Intra-Op to 24 hours																
STROKE24	Events: Stroke (New Neurological Deficit) over 24 hours																
POSTMI	Events: Transmural MI (new Q waves)																
STERNINF	Events: Deep Sternal Wound Infection (bone-related)																
BLEDREOP	Events: Bleeding Requiring Reoperation																
SEPSIS	Events: Sepsis or Endocarditis																
GIBLEED	Events: G-I Bleeding, Perforation or Infarction																
RENAL_FAI	Events: Renal Failure																
RESP_FAI	Events: Respitory Failure																
UNPLANREOP	Events: Unplanned Cardiac Reoperation or intervention procedure																
OLD_MI_COMP	Events: Non-Transmural MI (no new Q waves)																

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
OLD_OR_COMP	Events: Returned to OR for 2nd CP Bypass																
OLD_HTBL_COMP	Events: Heart Block Requiring Permanent Pacemaker																
OLD_IABP_COMP	Events: IABP Inserted During or After Surgery																
OLD_LVAD_COMP	Events: LVAD Inserted During or After Surgery																
OLD_BRA_COMP	Events: Brachial Plexus Impairment																
OLD_PHRN_COMP	Events: Phrenic Nerve Palsy																
OLD_MVA_COMP	Events: Malignant Ventricular Arrhythmia																
Discharge Information																	
STATUS	Discharge Status																
DISWHERE	Hospital Discharge Status (specify for 8 or 19)																
DISDATE	Hospital Discharge Date																
THIRTYDAY	30 Day Status																
OLD_ASA	Aspirin on Discharge																
OLD_ASA_CONTR	Asprin Contraindicted on Discharge																
OLD_CLOP	Clopidogrel on Discharge																
OLD_DISBETA	Beta Blocker on Discharge																
OLD_DISB_CONTR	Beta Blocker Contraindicated on Discharge																
OLD_DISLIP	Lipid Lowering Meds on Discharge																
OLD_DISLIP_CONT	Lipid Lowering Meds Contraindicated on Discharge																
OLD_LDL	LDL > 100 mg/dl																
Person Completing Report																	
REF_PHYS	Referring Physician																

PCIRS DATA ELEMENTS TO BE RELEASED BY DATA SET YEAR Project ID# _____

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
PFI	PFI Number																
SEQUENCE	Sequence Number																
Patient Information																	
DOB	Date of Birth																
SEX	Sex																
ETHNIC	Ethnicity																
RACE	Race																
RACESPEC	Race (Specify if other)																
RESIDENC	Residence Code (county)																
STATE	State (if other than NY)																
ADMIDATE	Hospital Admission Date																
PRIMEPAY	Primary Payer																
MEDICAID	Medicaid																
TRANS_PFI	Transfer PFI																
AGE	Age in Years																
Procedural Information																	
CATH_PFI	PFI of Hospital that performed diagnostic cath																
PHYSNUM	Primary Physician License Number																
PCI_DATE	Date of PCI																
PCI_HR	Time of First Interventional Device (hours, use military time)																

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
PCI_MIN	Time of First Interventional Device (minutes, use military time)																
CATHSAME	Diagnostic Cath during same visit?																
PCI_SAME	Previous PCI this admission?																
SAMEDATE	Date of Previous PCI this admission																
PCIPRIOR	PCI Prior to this admission at this hospital?																
PRIODATE	Date of PCI Prior to this admission at this hospital																
PART2	Is this PCI a follow-up to a previous PCI as part of a staged treatment strategy?																
CONTRAST	Total Contrast Volume in 72 hours																
ADDCON	Additional Procedures Using Contrast																
ACCESS_ARM	Access Site - Arm																
ACCESS_LEG	Access Site - Leg																
THROMLT3	Thrombolytics: <3 hrs Pre-Proc																
THROM3_6	Thrombolytics: 3-6 hrs Pre-Proc																
THROMGT6	Thrombolytics: >6 hrs - within 7 days Pre-Proc																
CONTRA	Thrombolytics: Contraindicated																
OLD_HEP_FRAC	Procedure Related Meds: Fractionated Heparin																
OLD_HEP_UNFRAC	Procedure Related Meds: Un-fractionated Heparin																
OLD_DIRTHROM	Procedure Related Meds: Direct Thrombin Inhibitors																
OLD_2B3A	Procedure Related Meds: IV GPIIbIIIa Platelet Inhibitors – Abciximab																
OLD_2B3A_OTH	Procedure Related Meds: IV GPIIbIIIa Platelet Inhibitors – All others																
OLD_2B3A_IND	Procedure Related Meds: Indications for Use of IV GPIIbIIIa Platelet Inhibitors																
OLD_MED_TIME	Procedure Related Meds: Timing																
PRECK	Cardiac Enzymes: pre-procedure CK																
PREMB	Cardiac Enzymes: pre-procedure MB																
PRECKMB	Cardiac Enzymes: pre-procedure CK-MB																
PRETNI	Cardiac Enzymes: pre-procedure Troponin – Tn-l																
PRETNT	Cardiac Enzymes: pre-procedure Tn-T																
POST1CK	Cardiac Enzymes: post-procedure 6-8 hrs CK																
POST1MB	Cardiac Enzymes: post-procedure 6-8 hrs MB																
POST1CKMB	Cardiac Enzymes: post-procedure 6-8 hrs CK-MB																
POST1TNI	Cardiac Enzymes: post-procedure 6-8 hrs Troponin – Tn-l																
POST1TNT	Cardiac Enzymes: post-procedure 6-8 hrs Tn-T																
POST2CK	Cardiac Enzymes: post-procedure 12-24 hrs CK																
POST2MB	Cardiac Enzymes: post-procedure 12-24 hrs MB																
POST2CKMB	Cardiac Enzymes: post-procedure 12-24 hrs CK-MB																
POST2TNI	Cardiac Enzymes: post-procedure 12-24 hrs Troponin – Tn-l																
POST2TNT	Cardiac Enzymes: post-procedure 12-24 hrs Tn-T																
OLD_HEP	Procedure Related Meds: Heparin																
OLD_IVNITRO	Procedure Related Meds: IV nitro within 24 hours pre-proc																
OLD_2B3A_DURING	Procedure Related Meds: IV GPIIbIIIa inhibitors during or within 3 hrs post-proc																
OLD_2B3A_ORAL	Procedure Related Meds: Oral GPIIbIIIa platelet inhibitors pre or post-proc																
DISCH_EKG	Pre-discharge EKG performed																

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
OLD_IVHEP	Procedure Related Meds: IV Heparin within 48 hours pre-proc																
OLD_TRIAL	Clinical Trial																
OLD_TRIALNAME	Clinical Trial Name																
OLD_FLUOR	Fluorotime																
OLD_PROC	Angioplasty Procedures																
Vessels Disease and Lesion-Specific Information																	
LMT	Vessels Diseased: LMT																
PROX_LAD	Vessels Diseased: Proximal LAD																
MID_LAD	Vessels Diseased: Mid/Dist LAD or Major Diagonal																
RCA	Vessels Diseased: RCA or PDA																
LCX	Vessels Diseased: LCX or Large Marginal																
IVUS_USED	IVUS USED?																
	Note: These variables exist in an array of 1 - 7. All 7 released as a set.																
LES_LOC1	Lesion Location [Lesion Line 1]																
BYPASS_1	Bypassed (A or V) [Lesion Line 1]																
BPSTEN1	Bypass Stenosis [Lesion Line 1]																
PRESTEN1	% Pre-op Stenosis [Lesion Line 1]																
PREVPCI1	Previous PCI [Lesion Line 1]																
DEVICE_1	Primary Device [Lesion Line 1]																
DEVSPEC1	Primary Device (specify) [Lesion Line 1]																
SECOND_1	Secondary Device [Lesion Line 1]																
STENT1	Stent #1 [Lesion Line 1]																
STENTB_1	Stent #2 [Lesion Line 1]																
STNTSPC1	Stent (Specify) [Lesion Line 1]																
LESDESA1	Lesion Description																
LESDESB1	Lesion Description																
LESDESC1	Lesion Description																
LESDESD1	Lesion Description																
POSTSTEN1	% Post-op Stenosis [Lesion Line 1]																
RADIATE1	Radiation1																
LES_TYPE1	Lesion Type1																
PTCA_ATT1	PTCA Attempted1																
	End of array variables																
Acute MI Information																	
CHESTPDATE	Onset of Ischemic Symptoms Date and Time																
TRANARRDATE	Arrival at Transferring Hospital Date and Time																
PCIARRDATE	Arrival at PCI Hospital Date and Time																
STELEVE	Acute MI Information: EKG Changes New ST Elevation																
STORTDEP	Acute MI Information: EKG Changes: New ST or T																
LBBB	Acute MI Information: EKG Changes: New LBBB																
TIMILTII	Acute MI Information: EKG Changes: TIMI <= II																
ONGOINGISCH	Acute MI Information: Ischemia: Ongoing Ischemia at time of proc																
OLD_NEWWALL	New Abnormal Wall Motion																
OLD_NEWQ	New Q Waves																
OLD_CPTYPE	Ischemic Type Chest Pain																
OLD_ONSETTIME	Time from onset of chest pain to procedure																

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
OLD_TRANTIME	Transfer time																
OLD_DTBTIME	Door to balloon time																
Pre-Intervention Risk Factors																	
PRIORITY	Priority																
HEIGHT	Height																
WEIGHT	Weight																
EJEC_FRA	Ejection Fraction (%)																
MEASURE	Measure																
CREATININE	Creatinine (highest pre-procedure this admission)																
CCS_CLAS	Angina CCS Functional Class																
ANGINA	Angina Type																
NORISK	None of the pre-intervention risk factors were present																
PREV_PR1	One Previous PCI																
PREV_PR2	Two Previous PCIs																
PREV_PR3	Three or more Previous PCIs																
PREMILT6	Most Recent Previous MI < 6 hours																
PREMI611	Previous MI >=6 to <12 hours																
PRMI1223	Previous MI >= 12 hours to less than 24 hours																
PREMIDAY	Previous MI (days - use 21 for 21 or more)																
CEREBRO	Peripheral Vascular Disease: Stroke																
PERIPH	Peripheral Vascular Disease: Aortoiliac																
UNSTABLE	Hemodynamic Instability at Time of Procedure: Unstable																
SHOCK	Hemodynamic Instability at Time of Procedure: Shock																
CHF_CURRENT	Congestive Heart Failure, Current																
CHF_PAST	Congestive Heart Failure, Past																
BNP3X	BNP 3x normal																
MAL_VENT	Malignant Ventricular Arrhythmia																
COPD	Chronic Obstructive Pulmonary Disease																
DIABETES	Diabetes Requiring Medication																
REN_DIAL	Renal Failure, dialysis																
PREVSURG	Previous CABG Surgery																
EME_PTCA	Emergency PCI due to Dx cath complication																
STETHROM	Stent Thrombosis																
ORGAN_TRANS	Any previous organ transplant																
BLEEDRSK	Contraindication to ASA/Plavix																
OLD_ISD_R	Immune System Deficiency																
OLD_EFMEA	Ejection Fraction – how calculated																
OLD_CAROTID	Peripheral Vascular Disease: Carotid/Cerebrovascular																
OLD_FEMPOP	Peripheral Vascular Disease: Femoral/Popliteal																
OLD_CPR	Hemodynamic Instability at Time of Procedure: CPR																
OLD_MIGT1	More than one previous MI																
OLD_HYPERTEN	Hypertension history																
OLD_CREAT	Renal failure, creatinine > 2.5 mg/dl																
OLD_IABP	IABP required at start of procedure																
OLD_SMOK2W	Smoking history, in past 2 weeks																
OLD_SMOKYR	Smoking history, in past year																
OLD_ECGLVH	ECG Evidence of Left Ventricular Hypertrophy																

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
OLD_PREVSURG	Previous Open Heart Surgery																
OLD_CPBYP	CP Bypass Required at Start of Procedure																
OLD_CHOL	Cholesterol																
OLD_STRS_RES	Stress Test Results																
OLD_PREPCIDATE	Date of most recent PTCA, if done at this hospital																
OLD_MI6_23	Previous MI >=6 to <23 hours																
OLD_MITYPE	Transmural MI?																
OLD_IVNTG	IV NTG within 24 hours before procedure																
OLD_THROM	Thrombolytic therapy within 7 days																
Major Events Following PCI																	
NO_COMPS	No major events following PCI																
STROKE	Stroke (new neurological deficit) 24 hours or less																
STROKE24	Stroke (new neurological deficit) over 24 hours																
TRANS_MI	Q-wave MI																
OCC_TL	Acute Occlusion in the Targeted Lesion																
OCC_SSB	Acute Occlusion in a significant side branch																
AV_INJUR	A/V Injury at Cath Entry Site, requiring intervention																
RENALFAI	Renal Failure																
EMESURG	Emergency Cardiac Surgery																
ST_THROM	Stent Thrombosis																
ER_CATH	Emergency Return to Cath Lab for PCI																
CORN_PERF	Coronary Perforation																
OLD_QWAVECOMP	No New Q Waves																
OLD_OCCCOMP	Acute Occlusion at Site of Intervention																
OLD_BYP_UNST	Emergency Bypass Surgery, Hemodynamically Unstable																
OLD_BYP_STA	Emergency Bypass Surgery, Hemodynamically Stable																
OLD_STROKECOMP	Stroke (new neurological deficit)																
OLD_BLEDCOMP	Bleeding Requiring Transfusion																
OLD_SEPSISCOMP	Sepsis																
OLD_PERFCOMP	Perforation of Coronary Artery																
OLD_ALLREAC	Allergic Reaction Requiring Treatment																
OLD_ARRHY_COMP	Arrhythmia Requiring Therapy in Cath Lab																
OLD_IABP_COMP	IABP needed because of cath lab complication																
OLD_CBP_COMP	CP bypass needed because of cath lab complication																
OLD_CABG_NE	Non-emergency bypass surgery																
Discharge Information																	
STAGE_PLAN	Is add'l PCI planned as follow-up to this one, as part of staged tx strategy?																
STATUS	Hospital Discharge Status																
STAT_SPE	Hospital Discharge Status (specify)																
DISDATE	Hospital Discharge Date																
THIRTYDAY	30 Day Status																
PCI_NO	Unique number of record provided by CSP																
PATIENT_NO	Unique number of record provided by CSP																
DIS_ASP	Medications on Discharge: Aspirin																
DIS_ASP_CONTRA	Medications on Discharge: Contraindication to Aspirin																
DIS_BETA	Medications on Discharge: Beta Blocker Use																

Variable	Description	Year(s) provided															
		2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
DIS_BETA_CONTRA	Medications on Discharge: Contraindication to Beta Blockers																
DIS_LIPID	Medications on Discharge: Lipid Lowering Medications																
DIS_LIPID_CONTRA	Medications on Discharge: Contraindication to Lipid Lowering Medications																
DIS_LDL	Medications on Discharge: Low-density lipoprotein (LDL) cholesterol > 100 mg/dl																

Attachment B
Applicable Fee

FOR DOH USE

Request Number:

1.	Number of CSRS data sets (by discharge year)	1.
2.	Number of PCIRS data sets (by discharge year)	2.
3.	Total number of data sets (Line 1 + Line 2)	3.
4.	Cost per data set:	4. $ 2500.00
5.	Total cost for requested data (Line 3 × Line 4)	5. $

Attachment C
Approved Purpose

FOR DOH USE

Request Number:

You are approved to use the data for the following research project only:

Attachment D

Authorized List of Project Participants

FOR DOH USE

Request Number:

Only the following individuals who have signed an individual Affidavit may have any access to the cardiac data sets provided pursuant to this Data Use Agreement.

1. _____

2. _____

3. _____

4. _____

5. _____

NEW YORK STATE DEPARTMENT OF HEALTH
Cardiac Services Program

Attachment E
Individual Affidavit

FOR DOH USE
Request Number:

STATE OF:

COUNTY OF:

_____ (RESEARCHER), being duly sworn, deposes and says:

1. I am identified in the attached Cardiac Data Set Request as an individual who will use or have access to a Cardiac Data Set consisting of Cardiac Services Information as defined in NYS Public Health Law Section 2816-a and requested for the purpose of the research project

   _____ (INSERT PROJECT TITLE).

2. The Cardiac Data Set I may receive is confidential and is subject to strict limitations on disclosure, see NYS Public Health Law Section 2816-a. I have been informed by the New York State Department of Health and am aware that no attempt may be made by me to identify specific individuals whose Cardiac Services Information has been received, except where specific authorization has been given by the Commissioner of the New York State Department of Health (Commissioner) pursuant to NYS Public Health Law Section 2816-a.

3. I also acknowledge that I have been informed by the New York State Department of Health and am aware of the following restrictions on use of any Cardiac Data Set to which the Commissioner grants access and agree to the following:
   a. Access to any Cardiac Data Set will be granted only to the individual(s) who have signed affidavits on file with the New York State Department of Health;
   b. The Cardiac Data Set will be used only for the purposes stated in the Summary of Proposed Research Project;
   c. No Cardiac Data Set or portion thereof will be released or disclosed to any person or entity, or published in any manner whatsoever without prior written approval pursuant to Public Health Law Section 2816-a.;
   d. The Cardiac Data Set will be kept in a secure environment and only authorized users will have access;
   e. The Researcher is required to destroy all Cardiac Data Sets and derivatives containing Cardiac Services Information within two years. The limit is defined as two years from when the Cardiac Data Set is provided to the researcher by the Cardiac Services Program. A written request to extend this time period may be submitted to Cardiac Services Program for approval;
   f. The Cardiac Services Program may perform an on-site audit of the use and security of the Cardiac Data Set received and I will cooperate if requested in the event of such an audit;
   g. Any publication or report produced by this organization and/or using the Cardiac Data Set will acknowledge the source of the Cardiac Data Set as the New York State Department of Health

4. I am aware that any unauthorized disclosure of the Cardiac Data Set or any portion thereof received pursuant to Public Health Law Section 2816-a may result in the violators being subject to penalties and prosecution under New York Public Health Law §§12, 12-b and 2816-a as well as other applicable laws.

_____
DATE

_____
SIGNATURE

_____
RESEARCHER NAME

_____
TITLE

_____
ORGANIZATION

Subscribed and sworn to before me on

This _____ day of _____ , _____

_____
NOTARIZATION

As project director for this application, I have approved the access and usage of the cardiac services information for this research initiative for the requesting individual above.

_____
PROJECT DIRECTOR SIGNATURE

_____
NAME (PRINTED)

Attachment F

Organizational Affidavit

FOR DOH USE

Request Number:

STATE OF:

COUNTY OF:

_____ (PRINT NAME), being duly sworn, deposes and says:

1. I am _____ (INSERT TITLE) and am authorized to sign on behalf of _____ (ORGANIZATION). My signature indicates organizational support for this request and my responsibility for maintaining the confidentiality of the Cardiac Data Set released pursuant to this application for the purpose of the research project _____ (INSERT PROJECT TITLE).
2. The Cardiac Data Set that this Organization may receive is confidential and is subject to strict limitations on disclosure, ,see Public Health Law Section 2816-a. I have been informed by the New York State Department of Health and am aware that no attempt may be made by this Organization or anyone employed by or under contract with this Organization to identify specific individuals whose cardiac services information has been received, except where specific written authorization has been given by the Commissioner of the New York State Department of Health (Commissioner) pursuant to Public Health Law Section 2816-a.
3. I also acknowledge that I have been informed by the New York State Department of Health and am aware of the following restrictions on use of any Cardiac Data Set to which the Commissioner grants access and agree to the following:
   a. Access to any Cardiac Data Set will be granted only to the individual(s) who have signed affidavits on file with the New York State Department of Health;
   b. The Cardiac Data Set will be used only for the purposes stated in the Summary of Proposed Research Project;
   c. No Cardiac Data Set or portion thereof will be released or disclosed to any person or entity, or published in any manner whatsoever without prior written approval pursuant to Public Health Law Section 2816-a.
   d. The Cardiac Data Set will be kept in a secure environment and only authorized users will have access;
   e. The Organization is required to destroy all Cardiac Data Sets and derivatives containing Cardiac Services Information within two years. The limit is defined as two years from when the Cardiac Data Set is provided to the researcher by the Cardiac Services Program. A written request to extend this time period may be submitted to Cardiac Services Program for approval;
   f. The Cardiac Services Program may perform an on-site audit of the use and security of the Cardiac Data Set received and I will cooperate if requested in the event of such an audit;
   g. Any publication or report produced by this organization and/or using the Cardiac Data Set will acknowledge the source of the Cardiac Data Set as the New York State Department of Health.
4. I am aware that any unauthorized disclosure of the Cardiac Data Set or any portion thereof received pursuant to Public Health Law Section 2816-a may result in the violators being subject to penalties and prosecution under New York Public Health Law §§12, 12-b and 2816-a as well as other applicable laws.

_____
DATE

_____
SIGNATURE OF ORGANIZATION REPRESENTATIVE

_____
NAME

_____
TITLE

_____
ORGANIZATION

Subscribed and sworn to before me on

This _____ day of _____ , _____

_____
NOTARIZATION