

Please send your completed application to:

[sparcs.requests@health.ny.gov](mailto:sparcs.requests@health.ny.gov)

Phone: (518) 474-3189

**FOR DOH USE**

Request Number: \_\_\_\_\_

**Note:** Before completing your amendment request, please review the SPARCS [Data Governance Policy and Procedure Manual](#) and [Data Dictionary](#) for information on the application process and available data elements.

**Date:** \_\_\_\_\_ **Amendment of Request #:** \_\_\_\_\_

**1. Organization and Individual Requesting Use of Data**

<b>a. Project Director</b>	
<b>Name and Title:</b>	
<b>Is this a new Project Director?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Title of Study/Project (must match approved data request):</b>	
<b>b. Organizational Affiliation</b>	
<b>Organization Name:</b>	
<b>Street:</b>	
<b>City, State, Zip:</b>	
<b>Is this a new organization?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>c. Contact Person</b>	
<b>Name:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	
<b>Is this a new contact person?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**2. Type of Amendment (Check all that apply)**

- Change of Project Director\* (Skip Sections 3, 4, and 6; sign Section 5)
- Change in Location of Data Storage (Skip Sections 3 and 6; complete all other Sections)
- Change of Project Director Organization (Skip Sections 3, 4 and 6; sign Section 5)
- Change to Project Scope or addition of New Research Scope\*\* (complete all other Sections)
- Change in Years of Requested Data Files (complete all other Sections)
- Change in Type of Data Files Requested (complete all other Sections)
- Change in Data Elements Requested (complete all other Sections)
- Other (Please explain) \_\_\_\_\_

\* **Change of Project Director:** A request to change the Project Director must be made by the original Project Director. You must include the name of the new Project Director, their Curriculum Vitae (CV), and a signed Individual Data Use Agreement. If the original Project Director is no longer available, the Organizational Representative who co-signed the approved application may make the request.

\*\* **Change to Project Scope or Addition of New Research Questions:** Please refer to your prior approved project and describe how the proposed amendment will change the scope of the approved research. For any new study questions or research aims, please describe in Section 3.b: (1) all research questions to be investigated; (2) your research method and analysis plan, and (3) expected benefits of the research. If you are requesting a change to the scope of an approved project utilizing identifiable SPARCS data, your amendment request must include evidence of patient consent to conduct the revised research or an IRB-approved waiver of patient consent or finding of exemption. Please provide a copy of your consent instrument or IRB determination and updated research protocol for review.

### 3. Nature of Request

a. Data Type Requested	Year(s) Requested
Inpatient:	
Outpatient:	
Mortality Indicators:	

b. Amendment Request Summary	
<p>Please explain why you are requesting an amendment to the approved project, including a description of any changes to the scope of research, data storage and security, and/or data requested. Attach additional pages if necessary.</p>	

<b>d. Extraction Criteria (if applicable)</b>	
<p>Select from the following currently available extraction criteria.</p>	<p><input type="checkbox"/> Claim Type (IP only, ED only, or OP only)</p> <p><input type="checkbox"/> Patient County of Residence</p> <p><input type="checkbox"/> Hospital County</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Hospital Permanent Facility Identifier (PFI)</p>

<b>e. Linkages</b>	<b>Data Sources and Output File Data Elements</b>
<p>Describe all proposed data linkages, including the elements in the final linked data set. Please refer to the <a href="#">SPARCS Data Dictionary</a> to confirm the feasibility of proposed linkages. If you are requesting approval to link SPARCS with data provided by the New York State Bureau of Vital Records, the New York City Department of Health and Mental Hygiene, or any other data steward, please provide a copy of your application and/or approval to link the data to SPARCS.</p>	<p><b>Data Source 1:</b></p> <p><b>Output File Data Elements:</b></p>
	<p><b>Data Source 2:</b></p> <p><b>Output File Data Elements:</b></p>
	<p><b>Data Source 3:</b></p> <p><b>Output File Data Elements:</b></p>

## 4. Confidentiality of Data

Please review the updated [SPARCS Security Guidelines](#).

<b>a. Data Security</b>	
<p>Please summarize the safeguards that exist or that will be implemented to ensure that the SPARCS data is kept secure and confidential during processing and storage. You must complete a new Security Guidelines document and submit it with your amendment application.</p>	

<b>b. Data Storage</b>	
<p>Please indicate whether SPARCS data will be stored at a location or on a network controlled by an entity other than your organization. If yes, a separate organizational data use agreement is required from the entity storing SPARCS, and you must provide a description of how the data will be protected and secured in the proposed storage location.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Name of organization:</b></p> <p><b>Data security description:</b></p>

**Note Regarding Data Retention:** You are required to destroy/return all data and derivatives containing identifiers at the end of your project or date of expiration.

Upon completion of the project, or expiration of the data, you must submit a certification of destruction letter (available on the [SPARCS public web page](#)).

A written request for approval to extend this time period beyond the date of expiration may be submitted to [sparcs.requests@health.ny.gov](mailto:sparcs.requests@health.ny.gov) for consideration.

## 5. Signatures:

### *Project Director and Organizational Representative*

I understand that while the requested data is in my possession, SPARCS maintains the right to request my submission of quarterly statements describing how the requested information has been used, descriptions of any and all releases of the information including identification of who received the information, data elements released and purpose of the release.

By signing below, I am also attesting that this data will be used for the *sole purpose(s)* indicated in this application. The identifying data requested will not be shared with any person or entity not covered by this application, and in no way will we attempt to re-identify individual people using SPARCS data.

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Signature of Project Director

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Printed name of Project Director

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Signature of Organizational Representative

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Printed name, and title, of Organizational Representative

## 6. Data Elements

If you are requesting new data elements, please refer to the [SPARCS Data Dictionary](#) for additional information regarding the elements listed below. If you are not requesting new data elements, please leave this section blank.

<b>SPARCS Data</b>	<b>Justification</b>
Dates (includes all dates other than patient date of birth)	
Patient Date of Birth	
Patient Address (includes entire patient address)	
Patient Record Numbers (includes all numbers other than policy number)	
Policy Number	
Unique Personal Identifier (UPI)	

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**Note:** HIV/Aids and Abortion records have been redacted to the standard of the HIPAA “Safe Harbor” provision, which eliminates all Direct and Indirect identifiers.