

**AGRICULTURAL HEALTH STUDY
REQUEST FORM**

Type of Request:

- Data Request (complete sections A, B, and C)
- Collaboration Request (complete sections A and B)

Section A

Name of Requester: _____ Date of Request: _____

Date Needed (allow time for approval signatures and data processing): _____

Phone Number of Requester: _____

E-Mail Address: _____

Tentative Manuscript Title: _____

Proposed Journal Article will be submitted to: _____

Lead Investigator: _____
(First Author) (Institutional Affiliation)

Collaborators: (Secondary Authors)

Name (Print)	Initials/Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For Coordinating Center Use Only	Request No. _____
	Date data sent: _____ Initials: _____

Section B

Brief Narrative Description of Proposed Research:

Purpose:

Methods:

Section C

Specific Data Items Requested
Phase I

Private Applicator File

Selection Criteria: _____

No. of variables requested: _____ File containing variable list*: _____

Commercial Applicator File

Selection Criteria: _____

No. of variables requested: _____ File containing variable list*: _____

Spouse File

Selection Criteria: _____

No. of variables requested: _____ File containing variable list*: _____

Female and Family Health File

Selection Criteria: _____

No. of variables requested: _____ File containing variable list*: _____

Other (specify data set)

Selection Criteria: _____

No. of variables requested: _____ File containing variable list*: _____

Phase II

Private Applicator File

Selection Criteria: _____

No. of variables requested: _____ File containing variable list*: _____

Commercial Applicator File

Selection Criteria: _____

No. of variables requested: _____ File containing variable list*: _____

Spouse File

Selection Criteria: _____

No. of variables requested: _____ File containing variable list*: _____

Other Files (specify) _____

Selection Criteria: _____

No. of variables requested: _____ File containing variable list*: _____

Output format:

SAS (preferred-specify PC or Unix)

Comma Delimited

ASCII Column Delimited

Format in which data is to be sent:

Diskette/CD-ROM

Paper copy (if output is less than 60 pages)

Internet (Secure FTP only)

You may complete and return the remainder of the Request Form by email, but we must receive the signed Pledge of Confidentiality by fax. Please fax the signed Pledge of Confidentiality to Ben Laimon at 301.294.2085. Be sure to include your printed name and the title of the project.

Pledge of Confidentiality for Collaborators

Prior to receiving AHS data it is required that collaborators review and sign the following pledge of confidentiality.

I hereby certify that I will keep completely confidential all information arising from Agricultural Health Study data concerning individual respondents to which I gain access. I also certify that I will abide by all requirements of the NCI Institutional Review Board (IRB) and other applicable IRBs. Beyond the research team, I will not discuss, disclose, disseminate, or provide access to survey data and identifiers except as authorized in writing by the Agricultural Health Study Executive Committee. I shall use the Agricultural Health Study data only for approved purposes. I am also aware that I am responsible for the compliance of all other personnel under my supervision who have access to the data provided to me by the AHS. I agree to report any breaches in confidentiality to the Executive Committee within 24 hours of their being discovered. I give my personal pledge that I shall abide by this assurance of confidentiality.

Name (Signature) _____ Date _____

Name (Print) _____

Project Title: _____

Mailing Address (This should be a street address so that Federal Express will deliver to it):

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Section D

Approval:

_____	Date: _____
Michael C. R. Alavanja, Dr. P.H., Project Officer	
_____	Date: _____
Laura Beane-Freeman, Ph.D.	
_____	Date: _____
Dale P. Sandler, Ph.D.	
_____	Date: _____
Jane Hoppin, Sc.D.	
_____	Date: _____
Kent Thomas	