



# STATE OF FLORIDA DEPARTMENT OF HEALTH (DEPARTMENT)

Request to use Surveillance Data From the Bureau of Epidemiology (BOE) for  
Research Purposes

## Research Concept Proposal Form (RCPF)

\* Note: Data use agreements will only be granted to brick-and-mortar institutions. \*

### Requester Information

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
FAX number: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Summary of Proposed Research

#### Purpose of the research

State the specific purpose and aims of the research.

#### Analysis plan

Detail the types of analyses to be performed, indicating specifically how data obtained will be used and transformed.

#### Research objectives

State any objectives and hypotheses of the research.

#### Intended use of the data

Is this a student project?  Yes  No

If yes, please indicate the type of program:  MPH  DrPH  PhD

Other, specify: \_\_\_\_\_

State the principle reasons for requesting data (e.g., publications, presentations, grant requirements, other).

#### Benefit to the state

State any specific public health benefits from research outcomes.

**Data Requested and Variable Specification**

**The proposed research will utilize (check all that apply):**

- Florida SHOTS Data System (Florida SHOTS)
- Merlin
- Other system(s), specify: \_\_\_\_\_

**Requested time period of measurement:**

**Requested data variables:**

**Proposed Research Timeline**

**Does this project have a completion date or is it ongoing?**

- Completion date:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)
- Ongoing**

**Security and Confidentiality**

**Data will be stored (check all that apply):**

- Paper format
- Electronically

**If data will be stored electronically, does the requester's institution use a minimum of 256-bit AES encryption?**

- Yes  No

**If no, specify the alternative cryptographic suite in use:**

\_\_\_\_\_

Note: Alternative cryptographic suites MUST be approved by the Department Office of Information Technology before the release of data by the Department.

**Describe where the data will be stored and how it will be accessed and viewed by the requester.**

**How will the requester accept the requested data file(s)?**

Note: If requester does not have a preferred secure file transfer platform in place to accept data, the Department can provide a MOVEit Transfer account to facilitate secure data sharing.

**Will the requester require the Department to create a MOVEit Transfer account for this project, if approved?**  Yes  No

**Requester Signature**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Submission Instructions**

The RCPF should remain in Word document format to support an iterative review/revision process while the requester works with the Department to clarify items within the request.

Email the completed and signed RCPF to [DCHPDataRequest@FLHealth.gov](mailto:DCHPDataRequest@FLHealth.gov).

**If the RCPF is approved, next steps will include:**

1. Complete all necessary local Institutional Review Board (IRB) requirements.
2. Submit project application to the Department IRB at <https://flhealth.my.irbmanager.com/>.
  - o Attach the approved, signed Research Concept Proposal Form to the application.
  - o Contact [IRB@FLHealth.gov](mailto:IRB@FLHealth.gov) or call 850-245-4585 for more information.
3. Upon Department IRB approval, submit the Department IRB determination letter to [DCHPDataRequest@FLHealth.gov](mailto:DCHPDataRequest@FLHealth.gov).
4. Complete a BOE Application for Research Use of Surveillance Data and Data Use Agreement (document will be provided).

For more information, please contact [DCHPDataRequest@FLHealth.gov](mailto:DCHPDataRequest@FLHealth.gov).

**Department Determination and Approvals** *(To be completed by Department staff only.)*

**RCPF #:** \_\_\_\_\_

**Determination:**       Approved                       Not approved (justification below)  
\_\_\_\_\_

**Approvals:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title:            Liaison\*, Surveillance Section, Bureau of Epidemiology

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title:            Surveillance Section Administrator, Bureau of Epidemiology

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title:            Liaison\*, Immunization Section, Bureau of Epidemiology

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title:            Immunization Section Administrator, Bureau of Epidemiology

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title:            Chief, Bureau of Epidemiology

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\*Liaison: The person with primary responsibility for curating the data requested. The Liaison serves as subject matter expert in determining limitations placed on the release of data based on data quality and as liaison to the requester for data access and interpretation.