



## **RISE Data Analysis Request**

### **Primary Contact**

#### **\* Contact Information**

First Name:

Middle Initial:

Last Name:

Suffix

Degree(s):

Institution/Organization:

Email address:

Phone Number:

Extension:

Street Address:

City:

State:

Zipcode:

#### **Upload Primary Contact CV, Biosketch or List of Publications**

Choose File

Choose File

No file chosen

**\* Career Status:**

☐ Fellow

☐ Student

☐ Resident

☐ Other Trainee

☐ Other (please specify)

☐ Junior Investigator

☐ Established Investigator

☐ Industry Investigator

SAMPLE



## RISE Data Analysis Request

ACR requires trainees, fellows, and/or students to have a mentor assigned to the project to provide guidance and support as needed. Will your mentor be the Principal Investigator for the project?

☐ Yes

☐ No

If your mentor is not the Principal Investigator, please enter his or her information below.

First name

Last name

Degree(s)

Institution/Organization

Email Address

List all collaborators for this project. Please provide first name, last name, degrees, and email address for each collaborator.



## **RISE Data Analysis Request**

### **Project Overview**

\* What is the purpose of the request?

- ☐ For Publication
- ☐ Other

\* Will your institution or organization require local IRB approval for this project?

- ☐ Yes
- ☐ No
- ☐ Unsure

\* Is the primary contact also the PI?

- ☐ Yes
- ☐ No

\* Is the PI affiliated with an academic institution, not-for-profit organization or governmental agency OR employed at a private practice?

- ☐ Yes
- ☐ No

\* Is the PI an ACR/ARP member?

☐ Yes

☐ No

What is his/her member ID number?

\* Upload the Principal Investigator's [ACR Disclosure Form](#):

Choose File

Choose File

No file chosen

SAMPLE



## **RISE Data Analysis Request Funding**

A source of funding is required to, at a minimum, support data extraction and programming for proposed projects.

**\* How will this project be funded?**

- ☐ By a not-for-profit organization or governmental agency
- ☐ By a private company, such as a pharmaceutical or device manufacturer
- ☐ By an academic institution
- ☐ By a private practice
- ☐ Other (please specify)

**If you are applying for funding for this project, what is the application deadline?**

**Date of application deadline**

Date

MM/DD/YYYY

**\* What is your expected budget for the RISE data analyses proposed in this project?**

(This information is used to assess the project's feasibility.)



## **RISE Data Analysis Request**

Based on your responses, it is possible that the annual subscription fee to access RISE data will be waived for this project. However, this does not guarantee that the fee will be waived as determinations for waivers are made on a case-by-case basis during the review process. Please indicate that you are aware that if your request is approved but the subscription fee is not waived, you or your organization will be required to pay the fee before proceeding with the project.

☐ I understand.

Based on your responses, it is possible that the annual subscription fee to access RISE data will be required for this project; waivers are made on a case-by-case basis during the review process. Please indicate that you are aware that if your request is approved but the subscription fee is not waived, you or your organization will be required to confirm that this year's fee has been paid before proceeding with the project.

☐ I understand.



## **RISE Data Analysis Request Research Proposal**

**\* Project Title:**

**\* Provide a brief statement describing the background and significance of the proposed project.**

**\* Provide a brief statement describing the project's main objectives and aims. Please be as specific as possible. Limit to no more than two objectives or aims.**



**\* Disease category of interest: (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Rheumatoid arthritis  | <input type="checkbox"/> Myositis                  |
| <input type="checkbox"/> Seronegative spondyloarthropathies<br>(including psoriatic arthritis, ankylosing<br>spondylitis etc.) | <input type="checkbox"/> Vasculitis                |
| <input type="checkbox"/> Crystalline arthropathies   | <input type="checkbox"/> Antiphospholipid syndrome |
| <input type="checkbox"/> Infectious arthropathies  | <input type="checkbox"/> Osteoporosis              |
| <input type="checkbox"/> Systemic lupus erythematosus  | <input type="checkbox"/> Osteoarthritis            |
| <input type="checkbox"/> Systemic sclerosis  | <input type="checkbox"/> Fibromyalgia              |
| <input type="checkbox"/> Sjogren's syndrome  |  |
| <input type="checkbox"/> Other (please specify)  |  |

**\* Select keywords that apply to your study. (Check between 1 and 5 keywords.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Quality                   | <input type="checkbox"/> PROs                 |
| <input type="checkbox"/> Safety                    | <input type="checkbox"/> Reproductive Health  |
| <input type="checkbox"/> Telehealth                | <input type="checkbox"/> Outcomes             |
| <input type="checkbox"/> Comparative Effectiveness | <input type="checkbox"/> Comorbidities        |
| <input type="checkbox"/> Disparities               | <input type="checkbox"/> Cost                 |
| <input type="checkbox"/> Epidemiology              | <input type="checkbox"/> Resource utilization |
| <input type="checkbox"/> Other (please specify)    |   |

**\* How will the results of this data request be used? (Check all that apply.)**

- ☐ In marketing materials
- ☐ For education or advocacy communications
- ☐ Internal reference only
- ☐ Other (please specify)

**\* Will this project require the gathering of some preliminary data for a funding application or feasibility assessment prior to commencement of the larger project?**

- ☐ Yes
- ☐ No

SAMPLE



## **RISE Data Analysis Request**

### **Required Data**

\* Briefly describe the characteristics (age range, gender, diagnoses, etc.) of the patients you would like to include or exclude for this project.

\* Describe the variables and/or data needed to complete this project. Be as specific as possible about the data elements of interest (diagnoses, medications, lab results, etc.).

What is your  
primary  
independent  
variable of  
interest?

What is your  
primary outcome  
of interest?

Other secondary  
outcomes?

You can upload one supporting document you would like to include with your request.

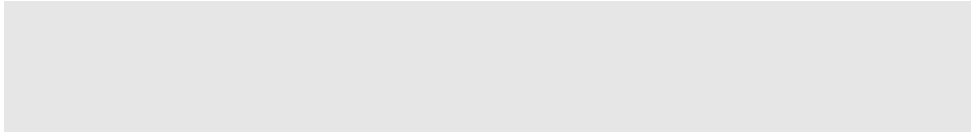
(e.g. flowchart, table templates, etc.)

Choose File

Choose File

No file chosen

**\* Please provide an explanation of the data that is required for your funding application or feasibility assessment prior to the larger project outlined above and state your deadline for such data.**



SAMPLE



## **RISE Data Analysis Request**

### **Data Analysis**

\* Provide a brief description of the proposed statistical methodology and support that could be considered for your proposal based on the data requested.

A light gray rectangular box intended for the user to provide a brief description of the proposed statistical methodology and support.

\* If this project is approved, the assigned data analytic center is available for a brief initial consultation with the requestor to refine the analytic plan to best suit the data available. The centers can provide more extensive support building and/or revising the analytic plan beyond the initial consultation if the budget allows. Do you anticipate needing additional help building and/or revising the analytic plan?

☐ Yes

☐ No



## **RISE Data Analysis Request Project Results**

This information will be used for assigning project (if approved) to the appropriate analytic center.

\* The standard format of the final project deliverable is a final report that includes information on definitions, methods, and results. If available, would you also be interested in publication writing assistance from the assigned data analytic center?

☐ Yes

☐ No

\* Reminder: You are required to include an acknowledgement of the RISE Registry in all publications, abstracts, manuscripts and presentations that make use of RISE data. The recognition language can be found under "Analyzing RISE Data" on the ACR's Requesting RISE Data webpage.

☐ I understand

Please review the information you provided for your data request. Once done, click the "Finish" button.