



RISE Data Analysis Request Form

Primary Contact

Only complete applications will be considered. All fields in the Application and Analytic Protocol documents are required. If any field is not applicable, please enter N/A.

* Project Title:

* Primary Contact Information

First Name:

Middle Initial:

Last Name:

Suffix

Degree(s):

Institution/Organization:

Email address:

Phone Number:

Extension:

Street Address:

City:

State:

Zipcode:

SAMPLE

* Role

* Is the primary contact also the PI?

Yes

No

* Please upload your professional CV (which should include all prior research and publications).

Choose File

Choose File

No file chosen

SAMPLE



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PI Information

* 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

* 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?

Please enter your mentor's information below.

First name

Last name

Degree(s)

Institution/Organiz
ation

Email Address

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

Choose File

Choose File

No file chosen

* Please upload the mentor's CV.

Choose File

Choose File

No file chosen

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

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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

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RISE Data Analysis Request Form Research Proposal

* 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)

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

- Rheumatoid arthritis
- Seronegative spondyloarthropathies
(including psoriatic arthritis, ankylosing
spondylitis etc.)
- Crystalline arthropathies
- Infectious arthropathies
- Systemic lupus erythematosus
- Systemic sclerosis
- Sjogren's syndrome
- Other (please specify)
- Myositis
- Vasculitis
- Antiphospholipid syndrome
- Osteoporosis
- Osteoarthritis
- Fibromyalgia

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

Quality

PROs

Safety

Reproductive Health

Telehealth

Outcomes

Comparative Effectiveness

Comorbidities

Disparities

Cost

Epidemiology

Resource utilization

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

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Data Analysis

* 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.

* Please complete and upload the completed [RISE Analytic Proposal](#) document.

No file chosen

Please upload templates of all the tables you would like populated for this project, including the expected attrition table for cohort selection.

No file chosen

You can upload one supporting document you would like to include with your request. (e.g. flowchart, additional inclusion/exclusion criteria, etc.)

No file chosen

* 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



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Project Results

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

* The standard format of the project deliverable is a final report that includes information on definitions, methods, and results. If available, would you 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

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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)

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

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

Note: Every RISE analytic and research project is unique. Therefore, the costs are impossible to estimate. Project costs are dependent on the size, scope and length of the project; therefore, budget estimates will not be provided. However, for reference, existing RISE analytic and research projects range from populating a standard (Table 1) feasibility study from \$12,500 - \$20,000, to multimillion-dollar multi-year, publication worthy research projects. Upon approval, the completed Analytic Plan will be used to determine actual project costs.

* Please provide the sources of funding for your project.

Funding Source:

Type of Funding Source:

Funding Amount Sought:

Funding Application deadline (if applicable)

Please provide any additional sources of funding for your project.

Additional Funding Source:

Type of Funding Source:

Funding Amount Sought:

Funding Application deadline (if applicable)

SAMPLE



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* 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.

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