

DATA SHARING PROPOSAL FORM

Supporting the Vascular Quality Initiative and the NeuroVascular Quality Initiative

TITLE OF PROJECT:

VQI REGISTRY:

PRIMARY PROJECT LEAD:

COLLABORATOR NAMES(S):

Statement of Intent

Provide a brief statement describing the projects main objective(s).

Background/Significance

*Provide a brief statement (**maximum 1 paragraph**) describing the background and significance of the proposed project.*

Inclusion & Exclusion Criteria

Briefly describe the project's patient, device and/or hospital inclusion and exclusion criteria.

Data Requested, Including Primary Outcomes and Covariates

Please utilize the appropriate registry's data collection form as a reference to delineate groups for comparison, list the primary and secondary outcomes of interest for this project and requests for modeling these outcomes, any covariates of interest, and any of the main variables that may need to be considered (e.g., for adjustment) in the analysis.

Brief Statistical Analysis Plan

Provide a brief (no more than 1 paragraph) description of the proposed statistical methodology that could be considered for your proposal based on the data requested above.

G. Timeline and Range of Funding *(Provide a brief explanation of the timeline for initiating this project and the budget allocated to this project)*

Please return completed form to: Mitchell@m2s.com