General Instructions

* At the onset of your request, please only provide an **unsigned**, **draft** document in **Word** format.
* **Do not** format to requesting organization letterhead or provide signature until advised to do so at the end of the ResDAC review process.
* The signatory of the letter must be the same individual as the Requestor/User (DUA item 16).
* CMS does not currently accept digital signatures on any request documents.

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***Requesting Organization Letterhead (not required for unsigned draft)***

Data and Information Dissemination Group

Office of Enterprise Data and Analytics (OEDA)

Centers for Medicare and Medicaid Services (CMS)

Dear Group Director:

I am requesting CMS data to complete a project funded by:

[ ]  **CMS CMMI** **HCIA** under [**Research** or **Healthcare Operations**]

[ ]  **CMS CMMI SIM** under **Research**

I will be using these data for a study entitled “.” This study intends to examine .

The Principal Investigator (PI) for this study is . The PI’s email address is and phone number is .

*Include the following two sentences only if a Co-PI is applicable to your request (repeat sentences for multiple Co-PIs and enter requested details specific to each one):*

The Co-Principal Investigator (Co-PI) for this study is . The Co-PI’s email address is and phone number is .

I acknowledge the CMS Disclaimer User Agreement that is contained within the Specifications Worksheet.

The contact person for this request within our organization is and can be reached by e-mail at or by phone at .

Thank you.

Sincerely,

SUBMIT DRAFT ONLY – DO NOT SIGN UNTIL ADVISED BY RESDAC

Typed name and

Title of designated Requestor/User (DUA item 16)