

**Foodborne Diseases Active Surveillance Network (FoodNet)
Data Analysis Request and Use Form
(Active Surveillance and Census Data)**

Data Use Policy:

All data request fields must be completed and this agreement signed before foodborne disease data as collected and compiled by the Foodborne Diseases Active Surveillance Network, Division of Foodborne, Waterborne, and Environmental Diseases, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC) can be released.

By signing this agreement, I give the following assurances with respect to the use of the data provided.

I will refer third party requests for these data to the CDC Foodborne Diseases Active Surveillance Network (FoodNet) staff.

I will not release the dataset or any part of it to any person other than those listed as collaborators in the attached request or in future communications with CDC FoodNet staff.

I recognize that the data are not guaranteed to be without error. I also recognize that because of the dynamic nature of the reporting surveillance system, reporting agencies can modify or delete past reports at any time, even months or years after they are initially reported. Therefore, I acknowledge that the dataset accurately represents the data present in the system on the date of download and is subject to change.

I recognize that requests for state-specific data may require additional review by the state(s). If requested, I agree to obtain permission and maintain contact with at least one state health department representative for the duration of my use of the data. The state health department representative must indicate that they approve this data request by signing a copy of this data use agreement or through electronic communication.

I will not use these data except for statistical analysis and reporting as described in the attached request.

Any effort to determine the identity of any reported case is prohibited. I will not link these data files with individually identifiable data from other sources.

All written and oral presentations of results of analyses will include an acknowledgement of the Foodborne Diseases Active Surveillance Network, CDC as the source of data. [Suggested citation: CDC. Foodborne Diseases Active Surveillance Network. Atlanta, GA: US Department of Health and Human Services, CDC. Data received on mmddyy.]

All written and oral presentations will include the following disclaimer: "The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention."

In the spirit of collaboration, I agree to keep the Foodborne Diseases Active Surveillance Network (FoodNet) informed of the results of analyses. I understand that FoodNet staff may request periodic updates on the status of this analysis, and I agree to provide these updates when requested.

I have carefully read and understand the above statements and I agree to comply with the above-stated requirements.

I agree to these terms and conditions

Name

Date

**Foodborne Diseases Active Surveillance Network (FoodNet)
Data Analysis Request and Use Form
(Active Surveillance and Census Data)**

Requester's Name: Date Requested:

Phone Number: E-mail:

Affiliation: CDC USDA FDA FoodNet Site Other (specify)

Research Question/Interest:

Intended use: Conference abstract/presentation Publication
 Data for regulatory action Other (describe)
 Student project/thesis/dissertation

- | | | | |
|--|--|--|---|
| <p>Select pathogen(s):</p> <input type="checkbox"/> All
<input type="checkbox"/> <i>Campylobacter</i>
<input type="checkbox"/> <i>Cryptosporidium</i>
<input type="checkbox"/> <i>Cyclospora</i>
<input type="checkbox"/> <i>Listeria</i>
<input type="checkbox"/> <i>Salmonella</i>
<input type="checkbox"/> <i>Shigella</i>
<input type="checkbox"/> STEC O157
<input type="checkbox"/> STEC non-O157
<input type="checkbox"/> <i>Vibrio</i>
<input type="checkbox"/> <i>Yersinia</i> | <p>Select variables:</p> <input type="checkbox"/> Age
<input type="checkbox"/> Sex
<input type="checkbox"/> Race
<input type="checkbox"/> Ethnicity
<input type="checkbox"/> County
<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Hospital dates
<input type="checkbox"/> Length of hospital stay
<input type="checkbox"/> Hospital transfer
<input type="checkbox"/> Death
<input type="checkbox"/> Bloody diarrhea (2012-current)
<input type="checkbox"/> Diarrhea (2012-current)
<input type="checkbox"/> Fever (2012-current)
<input type="checkbox"/> HUS (<i>E.coli</i> ; 2010-current)
<input type="checkbox"/> Date of illness onset (2009-current)
<input type="checkbox"/> Outbreak-related (2004-current)
<input type="checkbox"/> CDC outbreak ID (2004-current)
<input type="checkbox"/> Outbreak type (2004-current) | <input type="checkbox"/> International travel (2004-current)
<input type="checkbox"/> Travel destination (2004-current)
<input type="checkbox"/> Dates of international travel (2004-current)
<input type="checkbox"/> Immigrate (2004-current)
<input type="checkbox"/> Specimen source
<input type="checkbox"/> Specimen collection date
<input type="checkbox"/> Specimen collection month
<input type="checkbox"/> State lab received
<input type="checkbox"/> State lab ID
<input type="checkbox"/> Sent to CDC (2009-current)
<input type="checkbox"/> Culture-independent variables (2009-current)
<input type="checkbox"/> Serogroup (<i>Salmonella</i>)
<input type="checkbox"/> Serotype/Species (specify below)
<input type="text"/> | <input type="checkbox"/> Pregnant (<i>Listeria</i>)
<input type="checkbox"/> Fetal outcome (<i>Listeria</i>)
<input type="checkbox"/> Underlying conditions (<i>Listeria</i>)
<input type="checkbox"/> Mom-baby pair (<i>Listeria</i>)
<input type="checkbox"/> Sterile site (<i>Listeria</i>)
<input type="checkbox"/> Where pathogen cultured (<i>Campy</i> ; 2009-current)
<input type="checkbox"/> Where pathogen speciated (<i>Campy</i> ; 2009-current)
<input type="checkbox"/> CSTE case definition (<i>Listeria</i> and <i>Crypto</i>)
<input type="checkbox"/> Interview (2009-current) |
|--|--|--|---|

- Select site (s):**
-
- All
-
-
- California
-
-
- Colorado
-
-
- Connecticut
-
-
- Georgia
-
-
- Maryland
-
-
- Minnesota
-
-
- New Mexico
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-
- New York
-
-
- Oregon
-
-
- Tennessee

Specify year(s):
 Specify data detail: Individual records Summary data (describe in comments)
 Specify data format:
 SAS Excel Other (specify):

Are you requesting census data? No Yes (specify years, age/sex/race groups):

Comments:

**Steering Committee Proposal
Centers for Disease Control and Prevention
Emerging Infections Program
Foodborne Diseases Active Surveillance Network (FoodNet)**

Proposed by:

Title:

Date Submitted:

Purpose:

Proposal:

Data Sources:

Timeline:

Publication:

Please e-mail your completed form and direct any questions to: FoodNet@cdc.gov