

# RESEARCH IDENTIFIABLE FILE (RIF) REQUEST APPLICATION: COLLABORATING ORGANIZATION SUPPLEMENT

## GENERAL INSTRUCTION

Fill out one copy of this Attachment for each collaborating organization identified in the Key Personnel Document.

**Requester**

*Must match the individual specified in the RIF DUA.*

**Requesting Organization**

*Must match the organization specified in the RIF DUA.*

**Study Title**

*Must match the study title specified in section 3 of the RIF DUA.*

**Collaborating Organization**

*Must match the organization name used in section 3 of the Key Personnel Supplement.*

Please answer the following questions about access to individually identifiable Medicare beneficiaries and/or Medicaid recipients (hereinafter referred to as beneficiaries) data and any individually identifiable derivative data that is not compliant with section 5 of the DUA.

**1. Type of Organization (Collaborating Organization):**

*Please check one.*

Non-profit/Academic

For-profit (i.e., participating in CMS' Innovator Program)

State Agency

Federal Agency

**2. How will the collaborating organization access the unaggregated CMS data (secure VPN, a physical copy on site at the collaborating organization, traveling to the DUA holder's site, etc.)? If the collaborating organization holds a copy of the data (in part or in whole), please attach the appropriate DMP SAQ summary report.**

**3. Describe the role the collaborating organization will have in this study.**