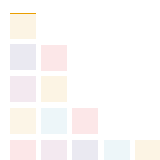
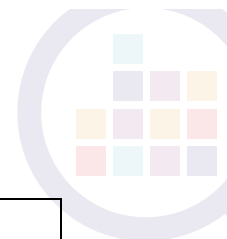




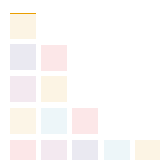
APPENDIX 1. APPLICATION FORM

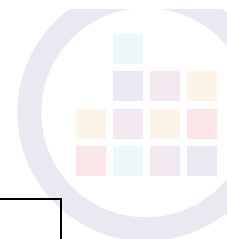
Question	Hints/Options
Data Source Description	
Please state the exact name of the legal entity that would sign the grant agreement if your application is successful.	
Provide a brief description of the data source (max 250 words)	Provide the data source introduction you would normally use in a publication.
Provide links to max of 5 publications or publicly available links that describe the data source and demonstrate its use.	
From which country is the data originating?	
Describe the geographic coverage.	For example, a certain region or city
Is the data source containing patients with a specific socioeconomic status?	For example, Medicaid is a state and federal program that provides health coverage if you have a very low income.
Is the data source containing patients from a specific health system (insured/uninsured, public vs. private)	We refer here to all the patients in the data source, e.g. a private insurance data source.
What care setting(s) are covered?	<ul style="list-style-type: none"> • Inpatient (hospital) care • Outpatient general practitioner care • Outpatient specialist care • Long term/ skill nursing facility care • Pharmacy care • Other (free text)
What data capture process(es) are used?	<ul style="list-style-type: none"> • Insurance/administrative claims • Outpatient electronic health records • Inpatient hospital electronic health records • Inpatient hospital billing systems • Registries • Biobank • Other (free text)
Specify the inclusion criteria for patients to enter the population, if any.	
When did the data collection start?	
Is there any lag in the data capture?	
What is the frequency of source data updates?	
Which of these age categories are included in your data source?	<ul style="list-style-type: none"> • infants and toddlers (0 days to 23 months) • children (2 to 11 years) • adolescents (12 to 17 years) • 18 to 45 years • 46 to 65 years • 66 years and over



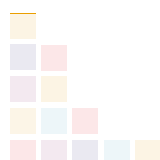


What is the gender of the data source population?	<ul style="list-style-type: none"> • Male • Female • Both
What is the approximate total (cumulative) number of subjects in your data source?	
What is the current approximate number of active patients?	
What is the average follow-up period per patient in years?	
Specify all data domains that are covered by your source database.	<ul style="list-style-type: none"> • Person • Observation Period • Visit Occurrence • Visit Details • Condition Occurrence • Death • Drug Exposure • Procedure Occurrence • Device Exposure • Measurement • Observation • Specimen • Survey • Provider • Location • Care Site • Payer Plan Period • Cost
Does the data source contain free text?	<p>If yes: In what language is the free text? Explain how you are using the free text in your current studies.</p>
Are there any data domains not described above you like to include?	
Data Source Governance and Ethics	
Is your institute the data custodian?	Please explain if you are the "Owner" of the data source or acquired the data source from another party, or simply have access to it
Information about the Governance Board procedures for federated data analysis, including timeliness.	
Do you have an ethical committee / governance board?	
Do you have a publicly available document that details the procedure by which approval can be requested?	
Describe briefly the process of obtaining approval	
What is the average duration of the approval process?	



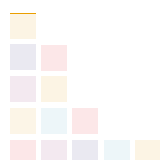


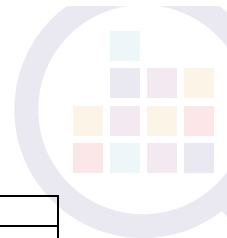
Which studies have to be registered to ENCePP?	
Are there any areas of use or research that have been explicitly barred by approval bodies or participants?	
Are you allowed to use this data in collaboration with external parties?	For example, mention if this is only allowed with academics
Are you authorized to share aggregated analysis results for research purposes?	
Are you able to contact the health care provider to obtain additional information about the patient?	
Are you able to contact the patient to obtain additional information?	
Are you able to obtain biological samples from the patient?	
Are you able to gather additional information about the patients (for example, environmental data documenting the air pollution in the area where the patient lives)	
Technical Details	
What database management system is used for your data source?	
Are all your data currently co-located in one database?	
Do you have a document available that describes the database structure?	If yes, can you share this document. If yes, please upload the document. If no, please explain why not.
Which terminology systems are used in your database?	For example, ICD9, ICD10, local coding system etc.
Are you willing to share the Extraction Transform and Load Document for your data transformation with the EHDEN project?	
<p><i>If possible, we like to obtain information about the structure of the source database using a profiling tool called <u>White Rabbit</u>. This tool will extract all the table names, their fields, and most frequent values in the fields. Your data needs to be stored in a single relational database management system that is supported by the tool. If you need support send us an email: applicants@ehden.eu</i></p> <p><i>Note that if you are not able to execute the tool or share its results, this will not by definition exclude your data source from the program. It would however be very useful for the committee to understand the complexity of your data source.</i></p>	
Are you able to execute the tool?	If not, please explain why
Are you able to share the results of the tool?	If not, please explain why. If yes, please upload.
Interest and ability to participate in distributed research	
<p><i>EHDEN will maintain a public database catalogue that contains contact information and meta data. This meta data consists of information like the governance procedure, but also aggregated data such</i></p>	





<i>as total number of patients over time, cumulative patient time etc. We like to know what information you are able to share.</i>	
Do you want to share contact information?	
Please specify what type of aggregated data can be shared.	
Do you intend to ask research questions and design network studies to generate evidence from the rest of the network? Please explain.	
Do you intend to use the OHDSI tools to conduct research locally?	
Do you plan to participate in network studies lead by others in the network?	
What type(s) of staff at your site are commonly used to conduct database analyses and would likely be involved in federated research?	<ul style="list-style-type: none"> • DB Admins • data managers • informaticians • statisticians • epidemiologists • clinical researchers • other (free text)
Are you already involved in the OHDSI community? If so, please describe how.	
Activity selection	
Select the activity you are applying for.	<p>For more details see the Call Description Document</p> <ul style="list-style-type: none"> • Create new Data Transformation and Analytical Infrastructure • Revise Existing Data Transformation and Analytical Infrastructure • Inspect Completed Data Transformation and Analytical Infrastructure
<i>For the last two options additional questions are asked:</i>	
Describe which tables have already been populated in your OMOP-CDM.	
Describe the status of the source code mapping for the domains you have populated.	
Explain how you like to revise or extend the existing data transformation.	
Do you have documentation of the current data transformation?	If yes, can you share this document. If yes, please upload the document. If no, please explain why not.
Describe the current status of the analytical infrastructure.	Which OHDSI tools and methods libraries are currently used on your data?
Describe who implemented the Extraction, Transform, and Load (ETL) procedure for your current CDM version	For example, a specific SME, internal experts.
Motivation	





Describe why you want to apply for financial support.	
Signature	
<i>Are you able and willing to go through the EHDEN application evaluation procedure, described in the call text?</i>	
Declaration	Check box: i am fully authorized to submit this application on behalf of the data partner.
Do you confirm you agree with the Terms of Service and Privacy Policy?	Check box: I agree
Do you agree with the Terms of Service?	Check box: I agree
Can we add you to our newsletter so you will be notified of major milestones of EHDEN and future open calls.	
Signature	Fill in the full name of the applicant

