**Birth Defects Reporting and Information System (BDRIS)**

**Maternal & Child Health Bureau (MCHB)**

**Maryland Department of Health**

**Data Request Guidelines**

Data requests for Maryland BDRIS data should be sent to Monika Piccardi at [monika.piccardi@maryland.gov](mailto:monika.piccardi@maryland.gov) with ‘BDRIS Data Request’ in the subject line. Approval of the request will be based on data availability as well as the benefit provided to Maryland residents. Approval from the Maryland Institutional Review Board (IRB)[[1]](#footnote-1) may be required depending on the level of detail requested. Individuals receiving BDRIS data for research must share final reports with MCHB.

Sections I – VI describe the information that you will need to submit as part of your request.

**I. Contact Information:**

* Name of Principal Investigator
* Name of Contact Person
* Contact Person’s Title
* Contact Person’s Organization
* Contact Person’s Email Address
* Contact Person’s Mailing Address
* Contact Person’s Office Phone Number
* Contact Person’s Mobile Phone Number

**II. Project Description:**

* State the title of your research project
* State your research objectives and the purpose of the study (please use full sentences or bullet points to convey your answer)
* State the research hypothesis and research questions (please use full sentences or bullet points to convey your answer)

**II. Research Methods:**

* Timeline: provide your research timeline and please include the timing of key research activities and anticipated data of completion of your research.
* Analysis plan: please provide a brief description of your data analysis plan
* Risks: please briefly outline any potential risks associated with your research
* Benefits: please briefly describe the potential benefits of your study
* Describe your data security plan, where data will be kept and how confidentiality will be ensured.
* Describe how the results of your research will be disseminated and the intended audience(s) for the findings.

**III. Data Request:**

* Are you requesting aggregate birth defect counts or individual birth defect records?
  + If requesting individual records, a proposal must be submitted to the Maryland IRB1.
* In more detail, describe the type of data you are requesting.
* Which years of data are requested?
* What birth defects are you requesting information on?
* What data format would you prefer? (Text, CSV, Excel or SAS)
* If aggregate counts, what level aggregation do you need?
  + Please note, data based on fewer than 5 cases will be suppressed unless a data use agreement (DUA) is signed by the researcher.
* If requesting individual records, do you need protected health information (PHI) identifiers?
  + If yes, please provide explanation for why.

**IV. Attachments:**

* Please attach a data template for the data you are requesting.

**V. Additional Information:**

* If you would like to provide any additional information about your research, use the space below.

1. ​http://dhmh.maryland.gov/oig/irb/Pages/home.aspx [↑](#footnote-ref-1)