Our Expertise Is Medical Liability.
Our Passion Is Quality Healthcare.

2275 Research Blvd., Suite 250
Rockville, MD 20850

Phone: 301.947.9000
Fax: 301.947.9090
www.piaa.us

PIAA REQUEST FOR DATA

PIAA gladly considers requests to use its intellectual property. If your request is granted, you will receive nonexclusive rights to use the content in the manner specified by PIAA.

Please complete each section to help us process your request to use PIAA content.

SECTION I: CONTACT/BILLING INFORMATION

Requestor:			
Title:			
Organization:			
PIAA Affiliation:	☐ Member ☐ DSP Participant ☐ None		
Mailing Address:	Street		
	City	State	Zip
Billing Address (if different):	Street		
	City	State	Zip
Phone Number:			
Email Address:			

SECTION II: DATA REQUEST

Data specifications:

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SECTION III: PURPOSE

Describe purpose of request:

SECTION IV: INTENT

How do you intend to use the information?	Yes	No
1. Will you be reselling the data or analysis in any form?		
2. Will you use the data for consulting purposes?		
3 Will you be conducting research with the data? (If data are to be used for research purposes, attach a copy of your study protocol.)		
4. Are you receiving grant funding for this project? If yes, please provide name of sponsor(s) or funding organization:		
5. Will you be publishing the data or submitting data to be published in any way? If yes, please provide publication:		
6. Will you be using the data for litigation or in any way to take legal action based on your findings from the use of the data?		
7. Will you be disclosing the data to any Third Party? If yes, please provide the following information*: Name of Third Party/Title: Organization: Address: Telephone: Email: **If more than one third party will be involved, please attach information on separate sheet.*		

I agree to pay PIAA the actual cost of the data being requested. I understand that PIAA will contact me in advance to provide the actual cost to fulfill the data request. General pricing based on requestor membership status: *Non-members- $200/hour, Members- $100/hour, and DSP participating members- 2 hours free annually*.

Signature	Date

Please MAIL, EMAIL or FAX completed and signed form to: PIAA, Research Department, 2275 Research Blvd. #250, Rockville, MD 20850, 301-947-9090, kmiller@piaa.us.

PIAA Use Only			
Date Received:		Received By:	
Approved:	Yes No	Approved By:	
Reason Denied:			
Cost:	$	Date Completed:	