Request for Aggregate Data Form

ReCKord Request Form for Use of Aggregate Data:

Eligibility Criteria for Participating Centers

 Enter > 50 patients into ReCKord annually (The Radiosurgery Society will not be held to this criterion)

Submission Requirements

Please attach each of the following with your Data Request Form:

- Copy of IRB approval letter for use of ReCKord at your institution
- Curriculum vitae of the principal investigator.

General Information

Submitted Data Request Forms (DRF) are posted on the Radiosurgery Society homepage under the Clinician Resource dropdown. You will receive a letter from the ReCKord Registry Review Committee regarding the status of your request within 30 days. Accepted DRFs will be forwarded to Adverteksm by the RSS to generate the requested custom data report. Custom reports will require a minimum of 2 weeks to generate. Submit DRF to Nalani Brown at nbrown@therss.org. Applications are posted on the Radiosurgery Society website at www.theradiosurgerysociety.org.

Administrative Information 05/11/15 Date of Submission (mm/dd/vv): Name of Organization: St. Maris Medical Center Outcomes of Cybenkinia SRS for Triggroum) Newalisis a Retropective compile **Project Title:** Principal Investigator: Sansaer Sharma Co-Investigators: RaJ Singh **Corresponding Contact Name:** Sanjar Sharma **Contact Title:** M.D **Contact Telephone Number:** 304-360-3427 Contact E-mail Address: Sharmalahr @ comest. net 4 Windsor Drive Contact Address: City, State, Zip: Hontington, w 25705 Project Description 01012008 Project Start Date (mm/dd/yy): Project End Date (mm/dd/yy): 12/31/2014 Type of Research Project: □ Prospective Study ➤ Retrospective Analysis ☐ Technical Study □ Other

 $\mathsf{ReCKord}^\mathsf{T}$ CyberKnife $^\mathsf{R}$ Registry Protocol

Version Date: November 3, 2011

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If "Other," please explain nature of project:		
What is the research question being asked?	Sps for Trigenial Newsking Will compare with gamma knife published results	
	Will compare with gamma knife published results	
What is the background or rationale		
for the research question? (if	OR TA, This review will prime	
needed, please attach as a separate	Statistical evaluation of effectivents.	
page to application)		: 2
Patient Inclusion/Exclusion Criteria:	Incluien - On of Try N. EX - Atypical facil	PELL
Data Requested		
Description of patient population to	pti Dr & Trigamonal Newsalsia	
be analyzed:	Le ou contract	
Time frame to be studied:		
List exact data variables requested	(D to plemming inte	
(i.e. pathology, treatment planning		
information, outcome,	(2) OUTUMA	
reimbursement, etc.): If the request	to bearithe	
is not self-evident, write a summary	(5) toxicity 4. Patient Demographis	
of the request and/or instructions	5. Pain Scale (before/after)	
on data output (e.g., table specifications, sample tables).		
Deadline for receipt of data	6. Doses will be reported	
(mm/dd/yy):	08/31/2015	
Data Use		
Are these data for internal research		
purposes only? (yes/no)	Yes	
If requesting party will seek to		
share data with persons not already		
listed on this request, list the		
organizations with which data		
would be shared and in what		
capacity? (e.g., FDA for a clinical		
trial, NIH for a grant proposal,		
consultant for project development)		
Peer-reviewed publications to		
which submission is anticipated (if	3 520	
any)	S - • · ·	
National meetings at which abstract		
presentation is anticipated (if any)		

Additional Submission Requirements

Please attach each of the following:

- Copy of IRB approval letter for use of ReCKord at your institution
- Curriculum vitae of the principal investigator

Requestor Certification

In making this request, I certify that:

• All information provided on this form and attachments is accurate and complete;

ReCKord[™] CyberKnife[®] Registry Protocol Version Date: November 3, 2011 • I have all requisite institutional authority to submit this Request for Use of Collaborative Data

Signature	Sa- Sham
Print Name	SANTEEV SHARMA
Title	M.D.
Date	5/12/15

Please submit Request Form to:

Email: nbrown@therss.org or

Fax: 866.565.1998

For Internal Use Only:

Date application received:		
	2015-0511	
ReCKord Registry Request #		