**NATIONAL CENTER FOR FATALITY REVIEW & PREVENTION**

**National Fatality Review Case Reporting System (NFR-CRS)**

**Application for De-identified Data for Research**

**IMPORTANT:** Please read “Data Dissemination Policies and Guidelines for Requesting Access to De-identified Data from the National Fatality Review Case Reporting System (NFR-CRS) for Research Purposes” prior to completing your application.

Please submit the completed application via e-mail to [info@ncfrp.org](mailto:info@ncfrp.org).

1. ***Proposed Study***

1. Project Title:

2. Principal Investigator Name:

3. Date:

4. Description of proposed research. In no more than 5 pages (excluding listing of variables), provide a detailed description of the study. This description should include:

* Clear statement of the research question(s) and/or specific study aim(s)
* A brief summary of relevant literature that provides a rationale for and documents the significance the proposed research and culminates in a succinct statement of the purpose of the research
* Detailed description of the study design and methods. Include:
  + A description of the study design;
  + Definition of your study population (e.g., infants only, children ages 10-17 with motor vehicle crash as mechanism of injury) and years of data you are requesting (e.g., 2005-2010). If you plan a comparison group, define this population also;
  + List of the variables needed to carry out the study, using the NFR-CRS as a guide. Clearly identify and define your main independent (exposure, risk factor, confounding) and dependent (outcome) variables. For example, if your main exposure is premature birth, state how you will define premature birth using these NFR-CRS data. (See Data Dissemination Policy and Guidelines -- Attachment 1 identifies the variables in the Case Report form that are removed in de-identified datasets. These variables cannot be requested for research purposes. Attachment 2 is the template used by NCFRP to request permission from states if researchers intends to publish data by state name.);
    - NOTE: Sections I1 and N of the NFR-CRS were added for use by the Centers for Disease Control and Prevention’s Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry. As such, these data elements are not available across all years, and completion may be limited among jurisdictions that were not funded for participation in the Registry.
  + A detailed analysis plan. Include the software that will be used for analysis and statistical tests (if any) planned. It is extremely helpful to include proposed tables;
  + A description of how you will handle small numbers and missing/incomplete data; and
  + A description of how the limitations of the NFR-CRS might affect your study and how these limitations will be addressed/mitigated.

5. A timeline for completion of your study:

6. Anticipated presentations, publications, or other dissemination of results, be specific:

1. ***Investigator/researchers***
2. Identify the Principal Investigator (PI) who will carry out the duties described in the Guidelines. Provide name, title, institution, department, address, contact telephone and e-mail address. Provide curriculum vitae as an attachment.
3. Identify each additional researcher/collaborator/co-investigator that will have access to the data. Include name, title, institution, department, address, contact telephone and e-mail address. Provide a curriculum vitae for each.
4. Describe the specific responsibilities that the PI and each of the other investigator(s) will have in conducting and completing the proposed research. The PI and all other investigators will each need to complete a confidentiality agreement (Attachment 3).
5. ***Data Security***

All users of the NFR-CRS data must have electronic security measures in place to prevent access to the data from unauthorized individuals.

1. Describe where the data will reside and how the data will be shared among researchers. Describe the physical transmission.
2. Security details: In the table below, provide a comprehensive list of all devices on which the data will be installed and indicate the electronic security measures that will be applied to each device. For those devices that have access to the Internet, all four of the electronic security measures must be in place for this data request to be approved. For non-Internet devices, firewall protection is not required.

If co-investigators at different institutions from the PI will also have physical control of the data, complete a table for each such co-investigator’s institution.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Device type**  Indicate workstation, laptop, server, portable media, or other device | **Internet**  Does the device have access to the Internet?(Y/N) | **Electronic security measures** | | | |
|  |  |  | **Password login? (Y/N)**  The device requires a login ID and password at startup and after a period of inactivity. | **Restricted directory access? (Y/N)**  The directories containing the data are restricted to authorized users who have logged in to the device. | **Virus protection? (Y/N?)**  Anti-virus software is installed on the device. | **Firewall protection? (Y/N)**  Firewall technology is in place for devices that are connected to the Internet. |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

1. Physical security: In addition to electronic security, the devices on which the data have been copied must be physically secured to prevent theft of the device. Describe below the physical security measure in place for each device.

If co-investigators at different institutions from the PI will also have physical control of the data, complete the table for each such co-investigator’s institution and describe how data will be securely transferred between institutions.

|  |  |  |
| --- | --- | --- |
| **ID** | **Location of Device**  Indicate building name and office number | **Description of physical security**  Examples are offices are locked when unoccupied; storage in secure cabinets when the device is not in use; and monitored access to the building where the data are stored. |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

1. ***Receiving Institution***
2. Identify the Receiving Institution.
3. Describe your Institution in detail. What kind of work does it do? Include the type of organization, its profit/non-profit status, and primary sources of revenue.
4. Provide evidence in an attachment that your institution is registered with the U.S. Office for Human Research Protections.
5. Describe your plans to obtain Institutional Review Board (IRB) approval for this study using the NFR-CRS data.
6. Provide the IRB assurance number.
7. Describe your Institution’s experience in overseeing the use of sensitive research data by its staff. Please give specific examples.
8. Describe any known breaches of sensitive research data by your organization and the steps taken to remedy the breach.

**Application signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­

Signature of Representative of Receiving Institution Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEMPLATE ONLY: CONTRACT NEED NOT BE COMPLETED OR SIGNED AT TIME OF APPLICATION**

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**National Center for Fatality Review and Prevention**

**SAMPLE Contract for Access to and Use of Data**

This contract specifies the conditions for release of National Center for Fatality Review and Prevention (NCFRP) Fatality Reporting System data, research, and reports for legitimate public health or related research. The intent of this contract is to foster such research and to prevent misrepresentation of the data. This Contract for Access to and Use of Data (Contract for Data) is between [\_\_\_\_\_] (Investigators), and Michigan Public Health Institute/National Center for Fatality Review and Prevention (NCFRP).

This Contract for Data is for the study entitled [\_\_\_\_\_], as described in the Application for De-identified Data, dated [\_\_\_\_\_], which is attached hereto and made part of this contract as Appendix A. The Investigators are responsible for ensuring that all work under this study including the work of additional researchers, collaborators, and co-investigators complies with all applicable federal, state, local and international laws and regulations; and that the work is performed in a professional manner to the highest academic standards.

Investigators agree to the following requirements for the use of the data and assure compliance with the requirements.

1. This agreement applies to all activities occurring between the date of signing and 18 months after that date.
2. No one will be permitted to use this dataset to conduct analyses other than those described in the Application for Access to and Use of Data that accompanies this statement.
3. IRB approval of the Receiving Institution will be obtained, and documentation of that approval will be provided to NCFRP prior to release of any dataset.
4. Investigators understand that all data shared are and shall at all times remain the sole property of the state and local teams that conducted the fatality reviews that are the source of the data.
5. NCFRP will seek permission from the participating states for release of the data for the project described in the Application for Data if said states are to be named in the

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analysis or results. States have the right of first refusal to participate in this research project if applicant intends to identify state jurisdiction in any published or publicly

released analysis or results.

1. Neither the dataset nor any part of it will be released to any persons other than those identified in the approved Application for Data.
2. Investigators and all other researchers with access to the data will not attempt nor permit others to attempt to use the data to learn the identity of any decedent. If the identity of a decedent should be inadvertently discovered, Investigators will make no use of this knowledge, nor will they permit others to use the knowledge. Investigators will inform NCFRP of the discovery so it can prevent future discoveries. Investigators will not inform anyone else of the discovery of identity.
3. Investigators understand that not all deaths of children in the states have been reviewed by fatality review teams and that not every fatality review team in the country participates in the NFR-CRS.
4. Investigators understand that data will only be reported at an aggregated level and no data will be released that identifies data by state jurisdiction without explicit state permission. Aggregated data must have cell counts of six or more in order to be reported.
5. Investigators will not alter the approved research design without written permission from NCFRP.

1. All oral and written presentations or other distribution of information resulting from the use of this dataset shall be developed with adequate provision for the accuracy, reliability and integrity of the data.
2. All oral and written presentations or other distribution of information resulting from the use of the requested dataset will be submitted to the NCFRP for review at least two weeks prior to presentation or submission to a journal or other source of publication.
3. All oral and written presentations or other distribution of information resulting from use of the requested dataset will include an acknowledgement of the participating states and NCFRP.
4. All presentations and publications will include the following language: “This dataset was provided by the NCFRP, which is funded in part by the U.S. Department of Health and Human Services (HHS), Health Resources and

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Services Administration (HRSA) and in part by the US Centers for Disease Control and Prevention Division of Reproductive Health. The contents are solely the responsibility of the authors and do not necessarily represent the official views of NCFRP, HHS or the participating states. The following states contributed data from their fatality review (list states).”

1. All presentations and publications making use of these data shall be provided to NCFRP in a timely manner so that it is a repository of the various uses of the data.
2. Investigators understand that once a proposal for use of the data is approved, NCFRP may acknowledge publicly the investigators’ names, institution, and name of the study as partners working with the NFR-CRS data.
3. The sharing of these data for the purposes stated in the approved project does not imply, in whole or in part, that the topic of the approved project has not been investigated before or will not be investigated now or in the future, by other investigators interested in this topic.
4. Any additional or other use of these data except as described in Investigators’ Application for Data will be considered a breach of this contract, unless agreed upon in writing by both parties beforehand.
5. Investigators will assure compliance with the security measures described in the Application for Data.
6. When the proposed analyses are completed, all copies of the dataset will be destroyed with a cross-cut shredder or returned to the NCFRP upon completion of project plus three years. All electronic versions of the dataset will be deleted. Written confirmation that the dataset has been destroyed or deleted is required.
7. By signing this document, Investigators agree to be responsible for compliance with the conditions of this agreement and agree to these conditions by their signatures below.
8. Cost-reimbursement for the time and expenses spent by MPHI staff to compile the data file requested by Investigators may be invoiced to Investigators after the work is complete. The invoice must be paid in full to Michigan Public Health Institute prior to release of the data file.
9. NCFRP may terminate the Contract for Data if the Investigator is in violation of any condition of the agreement and such violation is not remedied within 30 days after the date of written notice of the violation.

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**Principal Investigator:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Receiving Institution:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: ( ) \_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For MPHI:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_Michigan Public Health Institute\_\_\_\_\_\_\_

Address: \_\_2395 Jolly Road, Suite 120, Okemos MI 48864\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: ( ) \_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment 1**

**HIPAA Required Elements to De-Identify Case Data**[[1]](#footnote-1)\*

The NFR-CRS supports two types of data downloads: identified and de-identified. NCFRP staff and researchers who have been approved by the NCFRP will receive only de-identified data. The NFR-CRS variables that will be removed in de-identified downloads are listed below.

The NFR-CRS contains many free text fields (most often in the ‘specify’ or ‘describe’ text fields). The NFR-CRS also provides users the opportunity to provide more detail surrounding the circumstances of the death in Section O: Narrative text field. **When the Narrative, ‘specify,’ and/or ‘describe’ text fields are included in a de-identified download, the Narrative, ‘describe,’ and ‘specify’ text fields SHOULD NOT contain any HIPAA Identifiers.**

HIPAA Identifiers include names; all geographical subdivisions smaller than a state; all elements of dates (except year) for dates directly related to an individual; phone numbers; fax numbers; electronic mail addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers; device identifiers and serial numbers; web universal resource locators; internet protocol address numbers; biometric identifiers; full face photographic images; and any other unique identifying number, characteristic or code.

Identifying information can be entered into the NFR-CRS element fields in the list below, including free text fields associated with the listed fields, because all the listed fields and their related text fields will be removed from every de-identified download. **However, users should be instructed by the Holder not to enter any identifying information in other free text fields, including Section O: Narrative text field, because these text fields may be included in de-identified downloads. NCFRP cannot review free text fields in de-identified downloads to assure that they contain no HIPAA Identifiers.**

**HIPAA Required Elements to De-Identify Case Data**

**The NFR-CRS elements listed below will be removed for all persons accessing de-identified case data:**

*Introduction: Case Definition*

Case number

County of review

Review team number

Sequence of review

Death certificate number

Birth certificate number

Medical examiner/Coroner number

Date fatality review team notified of death

*Section A: Child Information*

Child first name

Child middle name

Child last name

Child name: unknown

Date of birth: month, day, and year

Date of birth: unknown

Date of death: month and day

Date of death: unknown

Residential address: unknown

Residential address: street

Residential address: apartment

Residential address: city

Residential address: county

Residential address: zip

County of death

Mother’s first name

Mother’s middle name

Mother’s last name

Mother’s maiden name

Mother’s name: unknown

Father’s first name

Father’s middle name

Father’s last name

Father’s name: unknown

Mother’s residence address: same as child

Mother’s residence address: unknown

Mother’s residence address:street

Mother’s residence address: apartment

Mother’s residence address city

Mother’s residence address: zip

Mother’s residence address: county

Mother’s discharge date from hospital

Date of infant’s last discharge date

*Section E: Incident Information*

Date of incident

Date of incident: same

Date of incident: unknown

Incident county

*Section M: Review Meeting Process*

Date of first review meeting

*Section N: SUID and SDY Case Registry*

Date of first Advanced Review meeting

Date of SUID Case Registry data entry complete

*Section P: Form Completed By*

Form completed by – Person’s name

Form completed by – Title

Form completed by – Agency

Form completed by – Phone

Form completed by – Phone extension

Form completed by – Email

Form completed by - Date

Date of quality assurance completed by State

*Prevention Outcomes*

Prevention Outcomes – Person’s name

Prevention Outcomes - Team of review

### \* Source: Code of Federal Regulation Section 164.514(b)(2)(i).

**Attachment 2**

**A Request for the Release of Fatality Review Case Report Data when Research Applicant Intends to Identify State(s) in Proposed Published Analysis or Results**

**The following template will be used by NCFRP to request written authorization from states participating with the Fatality Review Case Reporting System for permission to release individual case report data to research applicants that intend to identify state jurisdiction in published analysis or results. State permission will be sought once the Data Dissemination Committee has approved the project.**

Dear State of (insert state) Data Holder:

This letter is to inform you that the National Center for Fatality Review and Prevention (NCFRP) has received a request to release de-identified individual case report data. The request was submitted by (insert name of requestor and organization) on (insert date).

The requester will be using the data for the purpose of (insert purpose). If the requester intends to use the data for a purpose other than what is stated here, they must submit a new request.

**Per the National Center for Fatality Review and Prevention’s Guidelines for Requesting De-identified Data, written permission is necessary from each state where the research applicant intends to identify state jurisdictions in published or publicly released analysis or results of fatality review data.**

As a reminder, de-identified individual case report data released by the NCFRP will not include the list of data elements found in Appendix B of the NCFRP Data Dissemination Policy and Guidelines.

Please verify that your state is not precluded from releasing this data by any rules or statutes before signing this agreement.

If you approve this data request, please sign both copies of the attached contract. Mail both copies to the National Center for Fatality Review and Prevention for signature.

**Attachment 3**

**Confidentiality Agreement to be Signed by All Researchers with Access to NFR-CRS Data**

By signing this Agreement, I agree to the following:

1. I will safeguard the confidentiality of all confidential information contained in the NFR-CRS data to which I have been given access. I will not carelessly handle confidential information. I will not in any way divulge copy, release, sell, loan, review, or alter any confidential information except as within the scope of my duties.
2. I will only access confidential information for which I have a need to know and I will use that information only as needed to perform my duties.
3. I will not attempt nor permit others to attempt to use the data to learn the identity of any decedent. If I inadvertently discover the identity of a decedent, I will make no use of this knowledge, will not permit others to use the knowledge, will not inform anyone else of this knowledge, and will inform NCFRP of the discovery so it can prevent future discoveries.
4. I will transmit and store all electronic and hard copy data in a secure and confidential manner and location at all times.
5. Upon completion of the performance of my duties, the identifiable data will be destroyed and no opportunities will be available to access that data on the network or computer systems.
6. I will promptly report activities by any individual or entity that I suspect may compromise the availability, integrity, security, or privacy of confidential information.
7. I understand that the ownership of any confidential information referred to in this Agreement is defined by State statutes.
8. I understand that violating applicable laws and regulations may lead to other legal penalties imposed by the judicial system.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attachment 4**

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**SELECTED JOURNAL ARTICLES AND REPORTS**

**USING NFR-CRS DATA**

Firearm Suicide among Youth in the United States, 2004-2015

Schnitzer P, Dykstra H, Trigylidas T, Lichenstein R. *J Behav Med* (2019) 42: 584. https://doi.org/10.1007/s10865-019-00037-0

Infant Deaths in Sitting Devices

Liaw P, Moon R, Han A, Colvin J. *Pediatrics* Jul 2019, 144 (1) e20182576; DOI: 10.1542/peds.2018-2576

Sleep-Related Infant Suffocation Deaths Attributable to Soft Bedding, Overlay, and Wedging

Erck AB, Parks SE, Cottengim, C, Faulkner, M, Hauck F, Shapiro-Mendoza CK. 2019. *Pediatrics* May 2019, 143 (5) e20183408; DOI: 10.1542/peds.2018-3408

The Sudden Death in the Young Case Registry: Collaborating to Understand and Reduce Mortality

Burns KM, Bienemann L, Camperlengo L, Cottengim C, Covington T, Dykstra H, Faulkner M, Kobau R, Lambert AB, MacLeod H, Parks SE, Rosenberg E, Russell M, Shapiro-Mendoza CK, Shaw E, Tian N, Whittemore V, Kaltman J Sudden Death in the Young Case Registry Steering Committee *Pediatrics* Mar 2017, 139 (3) e20162757; DOI: 10.1542/peds.2016-2757

Dangerous Waters: Profiles of Fatal Child Drowning in the U.S. 2005-2014

MacKay JM, Steel A, Dykstra H. 2016. Safe Kids Worldwide. https://www.safekids.org/sites/default/files/dangerous\_waters\_research\_report.pdf

Keeping Kids Safe In and Around Water: Exploring Misconceptions that Lead to Drowning

MacKay JM, Steel A, Dykstra H, Wheeler T, Samuel E, Green A. 2016. Safe Kids Worldwide. https://www.safekids.org/sites/default/files/small\_water\_safety\_study\_2016.pdf

Death Scene Investigation and Autopsy Practices in Sudden Unexpected Infant Deaths

Erck AB, Parks SE, Camperlengo L, Cottengim C, Anderson RL, Covington TM, Shapiro-Mendoza CK. 2016. *Pediatrics* 2016; 174:84-90.

Pediatric Suicide in the United States: Analysis of the National Child Death Case Reporting System

Triglylidas T, Reynolds E, Teshome G, Dykstra H, Lichenstein R. 2016. I*njury Prevention* 2016; 0:1–6. Published first online.doi:10.1136/injuryprev-2015-041796

Crib bumpers continue to cause infant deaths: A need for a new preventive approach

Scheers N.J., Woodard D.W, Thach, B.T. 2015. *Pediatrics*, DOI: <http://dx.doi.org/10.1016/j.jpeds.2015.10.050>. Published online 11/24/2015.

Cause-specific mortality among children and young adults with epilepsy:

Results from the U.S. National Child Death Review Case Reporting System

[Tian N](http://www.ncbi.nlm.nih.gov/pubmed/?term=Tian%20N%5BAuthor%5D&cauthor=true&cauthor_uid=25794682), [Shaw EC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shaw%20EC%5BAuthor%5D&cauthor=true&cauthor_uid=25794682), [Zack M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zack%20M%5BAuthor%5D&cauthor=true&cauthor_uid=25794682), [Kobau R](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kobau%20R%5BAuthor%5D&cauthor=true&cauthor_uid=25794682), [Dykstra H](http://www.ncbi.nlm.nih.gov/pubmed/?term=Dykstra%20H%5BAuthor%5D&cauthor=true&cauthor_uid=25794682), [Covington TM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Covington%20TM%5BAuthor%5D&cauthor=true&cauthor_uid=25794682). 2015. [*Epilepsy Behav*.](http://www.ncbi.nlm.nih.gov/pubmed/25794682) 2015. Apr; 45:31-4. doi: 10.1016/j.yebeh.2015.02.006.

Development of a dataset of national cardiovascular deaths in the young

Vetter VL, Dugan NP, Haley DM, Covington TM, Dykstra H, Overpeck M, Iyer VR, Shults J. 2014. *American Heart Journal.* DOI: doi: 10.1016/j.ahj.2014.06.015.

Sofas and Infant Mortality

Rechtman LR, Colvin JD, Blair PS, & Moon RY. 2014. *Pediatrics* 2014. 134:e1292.

Sleep Environment Risks for Younger and Older Infants

Colvin J, et al. 2014*. Pediatrics* 134(2):e406-e412.

Classification System for the Sudden Unexpected Infant Death Case Registry and its Application

Shapiro-Mendoza C, Camperlengo L, Ludvigsen R, Cottengim C, Anderson R, Andrew T, Covington T, Hauck F, Kemp J, MacDorman M. 2014. *Pediatrics* 2014; 134(1): 1-10.

Child maltreatment deaths in the U.S. National Child Death Review Case Reporting System

Palusci V, Covington T. 2013. *Child Abuse Neglect.* S0145-2134(13)00245-7. doi: 10.1016/j.chiabu.2013.08.014.

Sudden Unexpected Infant Deaths: Sleep Environment and Circumstances

Schnitzer P, Covington T, Dykstra H. 2012. *American Journal of Public Health 2012;* 102(6): 1204-1212.

Public Health Surveillance of Fatal Child Maltreatment: Analysis of Three State Programs

Schnitzer P, Covington T, et al. 2008. *American Journal of Public Health*; 98:296-303.

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**NFR-CRS DATA DISSEMINATION APPLICATION CHECKLIST**

**All applicants should assure that each of the following is included with any application.**

This form does not need to be returned with the application.

* Completed and signed application (signature page is at p. 4) with all sections completed.

**NOTE:** The Principal investigator must sign the application, but it must also be signed by a representative of the applicant’s institution who has authority to sign on behalf of the institution.

* Signed Confidentiality Agreements for each individual who will have access to the data.

Confidentiality Agreement is included with the Application

* Resume or CV for each individual who will have access to the data.
* Proof of registration of Receiving Institution’s Institutional Review Board

1. ### \* Source: Code of Federal Regulations Section 164.514(b)(2)(i).

   [↑](#footnote-ref-1)