

**RIF REQUEST LETTER FOR A NEW STUDY**

Please use this template to create a preliminary draft of your request letter and submit it (unsigned) as a Word file. ResDAC will notify you when it is time to format the final document to letterhead and obtain a handwritten signature.

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***Requesting Organization Letterhead (applies to final, signed document only)***

[Enter Date]

Director, Division of Data & Information Dissemination  
Data Development & Services Group, OEDA  
Centers for Medicare and Medicaid Services (CMS)

Dear Division Director:

I\* am requesting CMS data to complete research funded by [Insert funding institution]. I will be using these data for a study entitled “[Insert study title].” This study intends to examine [Enter study purpose]. The Principal Investigator for this study is [Enter PI's name].\*\*

This request involves [Specify new use, reuse, or combined new use/reuse] of CMS data files.

Include the following sentence only if data reuse is applicable to your request (repeat sentence for multiple DUAs and insert requested details specific to each one):

The reuse data were originally given to [Indicate whether data were given to you or colleague, indicate colleague] under DUA [Enter original DUA#] and the title of this original study is “[Enter original study title].”

I acknowledge the CMS Disclaimer User Agreement that is contained within the Specifications Worksheet.

The contact person for this request within our organization is [Insert contact name] and can be reached by e-mail at [Insert e-mail address] or by phone at [Insert phone number].

Thank you.

Sincerely,

[SUBMIT DRAFT ONLY – DO NOT SIGN UNTIL ADVISED BY RESDAC]

Typed name and

Title of designated Requestor/User (DUA item 16)

PLEASE REVIEW BOTH PAGES OF THIS DOCUMENT

\* If an authorized signatory at an academic institution who is unrelated to the research study (such as a sponsored grants and contracts manager) is the designated "Requestor/User," then the first two sentences of the request letter can be modified as follows:

On behalf of Principal Investigator, [insert PI's name and credentials], I am requesting CMS data to complete research funded by [Insert funding institution]. [Insert PI's name] will be using these data for a study entitled "[Insert study title]."

\*\* If the PI is also the DUA User then the last sentence of the first paragraph can be modified as follows:

The Principal Investigator for this study is myself, [Enter PI's name]

If, however, the PI, DUA User and contact person are one and the same then you can A) remove the last sentence of the first paragraph and B) modify the last paragraph as follows:

I am the Principal Investigator and contact person for this request within our organization and I can be reached by e-mail at [Insert e-mail address] or by phone at [Insert phone number].