The Fellowship Council  
Data Request Policy 

The Fellowship Council (FC) supports the use of data for research purposes and may act as a conduit for these efforts.

Application Process  
Requests for data must be submitted to the FC Research Committee with final approval by the FC Executive Committee. Approval or denial shall be rendered within 30 business days. The FC office will notify applicants whether the application has been approved or declined. The actual timeline for data extraction will vary depending on the requested data and receipt of the payment (if applicable).

Entities that May Request Data  
The following FC entities may request FC data:  
- FC Committees and Task Forces  
- FC Program Directors

The following non-FC entities may request FC data:  
- FC Sponsoring Societies  
- Foundation for Surgical Fellowships

### FC Research Request Fee Matrix

<table>
<thead>
<tr>
<th>Level</th>
<th>Project Scope</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minimal time to build query and run (under 1 hour combined) plus administrative time</td>
<td>$100</td>
</tr>
<tr>
<td>2</td>
<td>Minimal time (under 1 hour) to build and 1-2 hours to run query plus administrative time</td>
<td>$250</td>
</tr>
<tr>
<td>3</td>
<td>2 hours to build and 1-2 hours to run query plus administrative time</td>
<td>$550</td>
</tr>
<tr>
<td>4</td>
<td>Any project above 2 hours to build and 2 hours to run</td>
<td>Custom quote based on data required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Request From:</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC Committees and Task Forces</td>
<td>No charges for requests</td>
</tr>
<tr>
<td>FC Sponsoring Societies</td>
<td>1 free data request per fellowship year; additional requests are charged per level</td>
</tr>
<tr>
<td>FC Program Directors (Requests from non-FC Program Directors will be charged 1.5x the fee)</td>
<td>Charged at levels listed above. Note: This excludes requests for data from the individual program itself, it would only apply to requests for multiple data sets for research purposes (as outlined in the Data Request Policy)</td>
</tr>
<tr>
<td>Foundation for Surgical Fellowships</td>
<td>1 free data request per fellowship year; additional requests are charged per level</td>
</tr>
</tbody>
</table>

### Process of Review  
The FC understands that well-developed research projects can be important, thus, we want to ensure that each research project will be well designed and meaningful to the FC.
Guidelines for Research Project

The application must include the following:

1. The hypothesis that your project has been designed to test/aim of your research should be stated clearly and should be of importance to the field of surgery.
2. Specify the data that is being requested. Note: The FC does not release identified data.
3. Specify the study design, and more specifically, how the data will be used including statistical support, rationale, methods, and sample size calculations.
4. IRB Approval or Exemption: The Principal Investigator of the project needs to be aware of and comply with human subject research requirements of their institution if applicable. Institutional Review Board (IRB) approval or a letter of exemption from the IRB must be included with this application form. Please note that our review does not substitute for or constitute the equivalent of IRB approval. Please be sure that when you send in the application that you have IRB approval (or exemption) from your institution if applicable.
5. If accepted, the applicant must complete a Data Use Agreement before data will be released. The FC must always be acknowledged and cited in any published manuscripts where the data has been utilized (this is not the same as “endorsement”, please see below) and the agreement will include the required language to be used in any published manuscripts.
6. The FC and the participating centers are the sources of the data used herein; they have not verified and are not responsible for the statistical validity of the data analysis or the conclusions derived by the authors.

Results of Project

The FC requires a written report of the project results or the status of the study within 12 months of distribution of the data. The FC is trying to maximize the use of data and streamline increased data requests. The Council must also minimize the time constraints placed on The FC Committees and administrative staff who oversee the management of data.

Request for Publication Process:

1. **FC Committee Projects** - Data request applications will be reviewed by the Research Committee and then the Executive Committee. If approved, the Committee overseeing the project will provide updates to the Research Committee. The Committee must submit abstracts to the Research Committee for review and approval. The final draft of the manuscripts must be submitted to both the Research Committee and Board of Directors for review and approval prior to submission to a journal and then must also submit the final edit after journal acceptance before submission for publication.
2. **Non-FC Projects/Entities** - Data request applications will be reviewed by the Research Committee and then the Executive Committee. Any resulting abstracts or manuscripts must be submitted to both the Research Committee and Board of Directors for review and approval prior to submission. If approved, the non-FC entity can then submit the manuscript to journals with an endorsement from the FC. The final edit after journal acceptance before submission for publication must be submitted to both the Research Committee and Board of Directors for review and approval and if approved, must include the FC endorsement language. If it is not approved by the FC, the manuscript may be sent back for editing or, at the authors’ discretion, submitted to the journal without the use of the FC endorsement language the manuscript. The FC reserves the right to submit an editorial or manuscript addressing the findings and claims from the non-FC entity.
Fellowship Council Data Request Application

Principal Investigator:
Name: __________________________________________________________
Institution: _______________________________________________________
Mailing Address: ___________________________________________________
E-mail Address: _____________________________________________________
Phone Number: _____________________________________________________

Senior Investigator:
Name: ___________________________________________________________
Institution: _______________________________________________________
Mailing Address: ___________________________________________________
E-mail Address: _____________________________________________________
Phone Number: _____________________________________________________

Please check only one of the following:
☐ Fellowship Council Committee-check Committee or Task Force: (for Fellowship Council only)
  ☐ Accreditation
  ☐ Bylaws
  ☐ Communications
  ☐ Education/Curriculum
  ☐ Finance
  ☐ Graduated Responsibility Sub Committee
  ☐ Membership
  ☐ Nominating
  ☐ Website/Case Log System
  ☐ Other: _______________________________________

☐ Fellowship Council Sponsoring Society-check Society(ies) below:
  ☐ AHPBA
  ☐ AHS
  ☐ ASCRS
  ☐ ASMBS
  ☐ SAGES
  ☐ SSAT

☐ Fellowship Council Program Director-Program Name: _______________________
☐ Foundation for Surgical Fellowships (FSF)

Project Title: ____________________________________________________________________________

Project Description:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Project Aim:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Data being requested-be as specific as possible (Note: The Fellowship Council does not provide de-identified data):
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Describe the study design and how the data will be used in the following: statistical support, rationale, power calculations, and methodology.

Does this project require IRB approval?

☐ Yes-IRB approval and number:___________________________________________

☐ No-Exemption letter attached

☐ I have read and agree to abide by the Fellowship Council’s Data Request Research Project Guidelines.

Signature:___________________________________________________________
PI Name:____________________________________________________________
Date:______________________________________________________________

Signature:__________________________________________________________
Senior Investigator Name:____________________________________________
Date:______________________________________________________________

Signature:__________________________________________________________
Department Chair:___________________________________________________
Date:______________________________________________________________

Completed applications must be submitted to:
Fellowship Council Research Committee
11300 West Olympic Boulevard, Suite 600
Los Angeles, CA 90064
310-437-0555 ext 163
suzanne@fellowshipcouncil.org