General Instructions

* At the onset of your request, please only provide an **unsigned**, **draft** document in **Word** format.
* **Do not** format to requesting organization letterhead or provide signature until advised to do so at the end of the ResDAC review process.
* You can remove the Co-Principal Investigator statement in the first paragraph if it’s not applicable.
* The signatory of the letter must be the same individual as the Requestor/User (DUA item 16).
* CMS does not currently accept digital signatures on any request documents.

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***Requesting Organization Letterhead (not required for unsigned draft)***

Data and Information Dissemination Group

Office of Enterprise Data and Analytics (OEDA)

Centers for Medicare and Medicaid Services (CMS)

Dear Group Director:

I am requesting an amendment to my existing project titled “” under DUA # , which is active through and funded by . The Principal Investigator for this study is . The Co-Principal Investigator(s) for this study is/are .

**Requested action(s) to amend this DUA (check all that apply):**

I am requesting the same data files for the same project, but data for the most recent quarters/years, specifically the following:

I am requesting the same data files for the same project, but to reuse data (i.e. data approved under an existing DUA) for the most recent quarters/years, specifically the following:

I am requesting data files that have **not** been previously covered under this DUA, specifically the following:

I am requesting SAMHSA gap files (SUDGAP) for Medicare claims data, Medicare assessment data, and/or Medicaid claims data currently covered under this DUA, specifically the following:

SUDGAP\_Claims

SUDGAP\_Assessments

SUDGAP\_MAX Claims

I am requesting a change to the Data Management Plan (DMP):

I am requesting a modification to the Executive Summary (e.g. study objectives/aims, linkage of CMS data to non-CMS data, etc.):

I am requesting a change to the funding source for the DUA:

I am requesting a change related to VRDC access:

Seat Extension:

Seat Addition:

Seat Transfer:

Please transfer the seat currently held by to because . should/should not remain on the DUA.

I am requesting to change the DUA Requestor or Custodian to an individual from an organization that is not currently approved on the DUA:

I acknowledge that DUA Attachment B has previously been provided for the DUA being amended. I continue to adhere to the stipulations set forth in Attachment B.

The contact person for this request within our organization is and can be reached by e-mail at or by phone at .

Thank you.

Sincerely,

SUBMIT DRAFT ONLY – DO NOT SIGN UNTIL ADVISED BY RESDAC

Typed name and

Title of original Requestor/User (DUA item 16)