



**International Council of
Cardiovascular Prevention
and Rehabilitation (ICCP)**

International Cardiac Rehab Registry (ICRR)

DATA ACCESS REQUEST REVIEW FORM

Principal Investigator:

Affiliation(s):

Data Access Request Title & Number:

(For tracking and filing purposes we should assign a number that includes the year)

Date Received:

Notes re: compliance of application with ICRR policies, including ICRR volunteer authorship, and any other information needed:

Committee Members Adjudicating (min 5; with notes on whether discussion was virtual and who voted via email):

Adjudication Comments:

Please include the section number your comments refer to.

Decision (based on majority vote; specify votes):

- Data Access Request approved with no changes: Yes
- Data Access Request approved providing adequately addressing comments: Yes
- Data Access Request not approved (see explanation above): Yes

Name (discussion chair or secretary; please print): _____

Signature: _____ **Date:** _____