



Data Release Application

Limited and Identifiable Extract

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Client Application Revision History

The following reflects the history of changes made to this document during the application process prior to project production. Once in production, any further changes to the application may result in additional cost and production delays.

To be completed by CIVHC staff			
Date	New Version Number	Description of Change(s)	CIVHC Change Author
2/13/2024	V.01	Initial version drafted with client.	Lucía Sanders, Key Account Manager
2/20/2024	V.02	Removed years 2014-2015. Completed remaining document sections.	Lucía Sanders, Key Account Manager
2/26/2026	V.03	Updates after review with CIVHC CSSI team. Updated project end date and proposed publication date. Added data users.	Lucía Sanders, Key Account Manager
3/11/2024	V.04	Updated financial data elements to select allowed amount versus charged amount. Updated research questions to reflect correct claims data range. Removed “age at time of service” checkbox since no age filter required.	Lucía Sanders, Key Account Manager
Date	V.05	Click or tap here to enter text.	Name, Title
Date	V.06	Click or tap here to enter text.	Name, Title
Date	V.07	Click or tap here to enter text.	Name, Title
Date	V.08	Click or tap here to enter text.	Name, Title
Date	V.09	Click or tap here to enter text.	Name, Title
Date	V.10	Click or tap here to enter text.	Name, Title
Date	V.11	Click or tap here to enter text.	Name, Title
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Date	V.14	Click or tap here to enter text.	Name, Title
Date	V.15	Click or tap here to enter text.	Name, Title

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Data Requestor Details

General Project Details

Project Title:	Connecting Upstream Health Care Systems to the Organ Transplant System – An Investigation into Health Disparities and Spending Among Coloradans with Organ Failure.
Application Start Date:	2/13/2024
Requested Project Delivery Date:	5/17/2024
Client Organization:	University of Colorado School of Medicine
Client Organization Address:	1635 Aurora Court, Aurora, CO 80045
To be completed by CIVHC staff	
CIVHC Contact:	Lucía Sanders
Project Number:	24.40
Condensed Project Title:	Transplant Disparities Costs

Project Contacts

Project Contact Name:	Deena N. Brosi, PhD, MPH
Title:	Research Instructor, Division of Transplant Surgery
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Analytic Contact Name:	Deena N. Brosi, PhD, MPH
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Invoice Contact Name:	Julianna Yochum
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Data Release Fee Signatory

Name:	Chrissy Alexander
Title:	Senior Purchasing Agent

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Email:	chrissy.alexander@cu.edu
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Data Use Agreement Signatory

Name:	Alison Lakin
Title:	Assoc. Vice Chancellor for Regulatory Compliance
Email:	ALISON.LAKIN@CUANSCHUTZ.EDU

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Project Schedule and Purpose

Proposed Project Start Date ¹ :	5/17/2024
Anticipated Project End Date:	5/17/2028
Proposed Publication or Release Date:	5/17/2026

1. Detail the specific research question(s) you are trying to answer or problem(s) you are trying to solve with this data request. Please list and number the individual questions.

P1. Organ transplantations are the gold standard of medicine for those with organ failure; they improve life expectancy, quality of life, and are cost effective compared to other forms of treatment for organ failure.^{1,2} However, not all Americans will receive the benefits of organ transplants. There are currently many known disparities within the US organ transplant system, include higher rates of organ transplants among those who are White, non-Hispanic, and male and longer wait times for organ transplantation among Black and Hispanic Americans.^{3,4} Efforts over the past several decades to transform the organ transplant system have done little to reduce these disparities and experts suggest that they may not be targeting the root of the problem. Analyses show that disparities within the organ transplant system may be partially attributed to health care system inequities upstream of the organ transplant system.^{5,6} This includes inequitable access to consistent health care, diagnostic testing needed to determine organ failure, and referrals for evaluation to be waitlisted for an organ transplant.⁷ However, little research has been conducted on this population due to a lack of comprehensive data on patient indicators of organ failure (i.e. claims data on lab tests for organ function, ICD10 diagnosis codes for organ failure) prior to introduction into the organ transplant system.

1. P1-Q1. What are the demographic, health insurance, and medical characteristics of Colorado patients who may qualify for an organ transplant (heart, lung, liver, and kidney)?
2. P1-Q2. What is the time to waitlist and transplantation (i.e. 1-year, 5-year, never) during the study period (2016-present) for Colorado patients who may qualify for an organ transplant?
3. P1-Q3. What are the expected survival rates for Colorado patients who may qualify for an organ transplant compared to those who are waitlisted and receive an organ transplant?

¹ After all required documents have been signed and the Data Release Review Committee has approved the project, typical production time is 30-60 days for a Limited or Identifiable Extract. Anticipate a longer production period for projects including a Finder File or creation of a Member Match File.

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P2. In addition to not knowing the extent of the Colorado population who may qualify for an organ transplant, we also have little knowledge of the costs to Coloradans associated with organ failure and organ transplants. The costs that accrue along the continuum of care from upstream health care systems to the organ transplant system does not just include organ transplantation costs, but also diagnostic testing prior to organ transplant and immunosuppressant drugs following organ transplant.^{8,9} Several studies have shown that organ transplants are more cost-effective for the payer than other methods of treatment for organ failure, but to date no studies have investigated the burden of costs for the patient.¹ Cost is one of the biggest barriers to accessing any form of health care for certain vulnerable populations in the US, and without detailed information on Colorado patient costs, we cannot accurately ascertain the health care inequities that may be occurring across the health care to organ transplant system continuum.¹⁰

1. P2-Q1. What are the overall patient health care costs for Coloradans who may qualify for an organ transplant compared to those who are placed on the organ transplant waitlist? Compared to those who receive an organ transplant?
2. What is the interaction between payer type and patient organ transplant system status (1. qualifies for organ transplant but not waitlisted; 2. waitlisted for an organ transplant; 3. received an organ transplant) on patient health care costs for Coloradans? How does this interaction affect the proportion of Colorado patient health care costs and payer costs?

2. Describe your methodology or how you will be using data from the Colorado All Payer Claims Database (CO APCD) to answer your research questions.

We will combine patient data from the Colorado APCD with our own UC Health Transplant Center claims data repositories to track changes from the currently unidentified population of Coloradan's who may qualify for an organ transplant to Colorado's organ transplant waitlist and recipient population. The UC Health Transplant Center data repositories are queried and made available to our research team through the Health Data Compass component of the Research Informatics Office within the University of Colorado, Anschutz Medical Campus. The claims data contains medical and demographic information on waitlisted and organ transplant recipients within the UC Health Transplant Center and is linked with CIVHC claims data. This will allow us to link general patient population information in CIVHC to more specific organ transplant system patient information within Health Data Compass. This linkage requires identifiable information, including date of birth, from CIVHC to accurately merge the two data sets using multiple identifier variables. Following data mergers, we can then employ standard statistical methods used to investigate the hazard risk of being placed on the organ transplant waitlist, receiving an organ transplant, outcomes following organ transplantation, and costs to patients along the health care

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to organ transplant system spectrum. The more general and wider CIVHC database is vital to identifying the entire population of Coloradans who may qualify for an organ transplant and tracking their transition from organ failure diagnosis into the organ transplant system.

3. Explain how this project will benefit Colorado and its residents.²

The organ transplant system within Colorado suffers from the same disparities in organ transplant waitlist times and organ transplantation rates seen nationally. ¹¹ Due to a lack of data around Colorado patients who may qualify for an organ transplant but have yet to be placed on the waitlist, Colorado researchers are currently limited to studying disparities only within the organ transplant system. Identifying the entire population of Coloradan's who may qualify for an organ transplant, categorizing their demographics, insurance, and medical characteristics, and tracking who is placed on the organ transplant waitlist and receives an organ transplant is the first step in creating a more comprehensive understanding of how upstream health care systems interact, influence, and affect the organ transplant system within Colorado. Further, a substantial part of these health disparities may stem from patient health care costs for essential diagnostic testing, organ transplants, and immunosuppressant drugs. Our goal and hope for these investigations around pre-organ transplant populations and health care costs is that eventually Coloradans experiencing organ failure can focus solely on their health and quality of life without the threat of health disparities based on their socio-economic backgrounds.

4. Describe how your project will improve health care quality, increase health care value, or improve health outcomes for Colorado residents.²

Inequities within Colorado's health care system, be it more general health care systems, the organ transplant system, or both, contribute to poorer health outcomes and higher health care cost for vulnerable Coloradans.¹² Assessing health outcome disparities between sub-populations of Coloradans is a mechanism for pinpointing and addressing those health care inequities within Colorado's health care systems. Comparing Colorado's patient demographic characteristics, such as race/ethnicity, gender, rurality, and insurance characteristics, such as insurance type and plan type, across the entire health care system to organ transplant system process may provide insight into where the inequities occur, and which Coloradans are disproportionately affected. This includes detailed data on health care costs to patients, which are highly intertwined to the relationship between social and cultural factors and health disparities. These analyses are the foundation for creating innovative and evidence-based programs and initiatives at the state and local level that will have the highest likelihood of reducing health care costs and improving overall health outcomes.

² It is a statutory requirement for all non-public releases of CO APCD data to benefit Colorado or its residents. Contributions to generalizable knowledge alone are not sufficient to satisfy this requirement.

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5. Health equity is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health. Explain how your project addresses health equity.

Our proposal to identify the population of Colorado patients who may qualify for an organ transplant but have yet to be waitlisted, investigate disparities between this pre-organ transplant population and the UC Health organ transplant population, and measure the associated health care costs to Colorado patients gets at the heart of health equity for Coloradan's who need an organ transplant. As we stated above, uncovering health disparities are a useful indicator of health care system inequities and the inclusion of this new population will allow us more precisely observe upstream health care system inequities that may show up as health disparities within the organ transplant system population. Inequities may also be occurring at multiple different levels of Colorado's health care to organ transplant process and tracking the progression through these different systems will provide a rich context for Colorado doctors, public health experts, and policy makers to develop the most effective intervention.

As far as costs, costs are a huge driver of patient behavior.¹³ When costs are not controlled for, these economic-driven behaviors may cloud analyses around health care system inequities. We want to ensure that, in addition to defining the population of pre-organ transplant system patients within Colorado, we are also able to precisely estimate which Colorado populations are experiencing health disparities outside of cost related deterrents and incentives. More precise estimates of Colorado health disparities provide a clearer picture of where health care system inequities are present, and generating accurate results is only possible by incorporating health care cost to the patient.

References:

1. Whiting JF, Kiberd B, Kalo Z, Keown P, Roels L, Kjerulf M. Cost-effectiveness of organ donation: evaluating investment into donor action and other donor initiatives. *American Journal of Transplantation*. 2004;4(4):569-573.
2. Rana A, Gruessner A, Agopian VG, et al. Survival benefit of solid-organ transplant in the United States. *JAMA surgery*. 2015;150(3):252-259.
3. Schold JD, Gregg JA, Harman JS, Hall AG, Patton PR, Meier-Kriesche HU. Barriers to evaluation and wait listing for kidney transplantation. *Clinical journal of the American Society of Nephrology*. 2011;6(7):1760-1767.
4. Husain SA, Miko EY, King KL, Adler JT, Schold JD, Mohan S. Disparities in kidney transplant waitlisting among young patients without medical comorbidities. *JAMA internal medicine*. 2023;183(11):1238-1246.

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5. Patzer RE, Adler JT, Harding JL, et al. A population health approach to transplant access: challenging the status quo. *American Journal of Kidney Diseases*. 2022;80(3):406-415.
6. National Research Council. *Realizing the Promise of Equity in the Organ Transplantation System.*; 2022.
7. Ladin K, Rodrigue JR, Hanto DW. Framing disparities along the continuum of care from chronic kidney disease to transplantation: barriers and interventions. *American Journal of Transplantation*. 2009;9(4):669-674.
8. Klarenbach SW, Tonelli M, Chui B, Manns BJ. Economic evaluation of dialysis therapies. *Nature Reviews Nephrology*. 2014;10(11):644-652.
9. Axelrod D, Dzebisashvili N, Lentine K, et al. Assessing variation in the costs of care among patients awaiting liver transplantation. *American journal of transplantation*. 2014;14(1):70-78.
10. Osborn R, Doty MM, Moulds D, Sarnak DO, Shah A. Older Americans were sicker and faced more financial barriers to health care than counterparts in other countries. *Health Affairs*. 2017;36(12):2123-2132.
11. Sauer R. Program Works to Close Racial Gaps in Kidney Transplantation. Accessed February 16, 2024. <https://news.cuanschutz.edu/departments-of-surgery/close-racial-gaps-in-kidney-transplantation>
12. Braveman PA, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. *American journal of public health*. 2011;101(S1):S149-S155.
13. Fusco N, Sils B, Graff JS, Kistler K, Ruiz K. Cost-sharing and adherence, clinical outcomes, health care utilization, and costs: a systematic literature review. *Journal of Managed Care & Specialty Pharmacy*. 2023;29(1):4-16.

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Data Matching and Linkage

Finder File

A Finder File is a file you submit to CIVHC with information about a pre-selected cohort for matching to CO APCD data. Ask your CIVHC Contact for more information about this process and requirements for Finder File submission.

Will you provide CIVHC with a Finder File as part of this project?

- ☒ No
☐ Yes

Member Match File

A Member Match File is a file that CIVHC creates on your behalf to send to a registry or other outside entity to create a crosswalk connecting data from the CO APCD to the other entity's data.

Does this project require the creation of a Member Match File?

- ☐ No
☒ Yes. Consult with your CIVHC Contact about completing a [Member Match File Data Element Selection Form](#). Answer the following:

Who will receive the Member Match File?

Vital Statistics Program at Colorado Department of Public Health and Environment (CDPHE)

Control Group

A Control Group is a group of individuals who can be used to compare against the cohort identified in the Finder File.

Will you need to create a Control Group as part of this project?

- ☒ No
☐ Yes. Consult with your CIVHC Contact about completing a [Control Group Data Element Selection Form](#).

Linkage

Data Linkage is a method of joining data from different sources together to create a new data set.

Will the CO APCD data be linked to another data source?

- ☐ No
☒ Yes. Answer the following:

What is (are) the other data source(s)?

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CDPHE Vital Statistics Program Death Records. UC Health Transplant Center Claims Database (via Health Data Compass), and publically available data (i.e. US Census Bureau Data, Area Health Resource File data, United States Department of Agriculture data, etc.).

Who will perform the data linkage?

CDPHE's Vital Statistics Program and the University of Colorado School of Medicine project team.

What identifying data elements will be used to perform the data linkage?

Member First & Last Name, Date of Birth, Lat/Long Geocodes, and Social Security Number.

What non-CO APCD data elements will appear in the new linked file?

Death dates, organ transplant system events (waitlist enrollment, transplantation, etc.), county-level Census data (rural/urban designation, distressed community index, etc.).

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Data Inclusion Criteria

Make selections in the following sections based on what data you want to have included in this extract. If you will be creating a Control Group, complete this section for your study population and not the Control Group.

Protected Health Information

Indicate which [Protected Health Information](#) data elements you require for your project purpose:

Available for Limited and Identifiable extracts:		
<input type="checkbox"/> Member 5-Digit Zip Code	<input type="checkbox"/> Member Census Tract	<input type="checkbox"/> Member County
<input type="checkbox"/> Member City	<input checked="" type="checkbox"/> Member Eligibility Date	<input type="checkbox"/> Employer Tax ID
<input checked="" type="checkbox"/> Member Dates of Service		
Available for Identifiable extracts only (see also Identifiable Data Use Approval):		
<input checked="" type="checkbox"/> Member Name	<input checked="" type="checkbox"/> Member Date of Birth (if requesting more than year only)	
<input type="checkbox"/> Member Geocoded Address	<input checked="" type="checkbox"/> Member Geocoded Latitude and Longitude	
Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the Minimum Necessary Requirement . ³		
<p>Our research proposal requires the selected Limited and Identifiable extracts – “Member Eligibility Date” and “Member Dates of Service”. We require “Member Eligibility Date” in order to track coverage in care and how that may affect a patient’s transition from Colorado’s upstream health care system to the organ transplant system. Additionally, these changes may coincide with changes in health care costs to the patient, which we are interested in estimating and controlling for in our analysis. The “Member Dates of Service” is arguably one of the more important factors needed for our analysis. Time to waitlist and organ transplant is one of the more studied components in transplant surgery, since patient health declines as they wait for organs and many wait so long that they are no longer healthy enough to receive an organ.⁶ Reducing wait times to organ transplant is a constant goal of the organ transplant system and investigating how time to waitlist acceptance or organ transplant interacts with dates of service – from diagnosis to prescriptions – along Colorado’s health care system to organ transplant system continuum has the ability to uncover inefficiencies that are unknown within the organ transplant system alone.</p>		

³ Limited and Identifiable extracts must adhere to the [Minimum Necessary Requirement](#) under the [HIPAA Privacy Rule](#); only that data required to answer the project purpose can be included in the request.

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Our research proposal also requires the selected Identifiable extracts only – “Member Date of Birth”, “Member Name”, and “Member Geocoded Latitude and Longitude”. Standard methods for data mergers, especially for large claims data, encourage using several identifiable variables. Collecting “Member Date of Birth” and “Member Name” will improve the accuracy of our CIVHC data merge to the UC Transplant claims data within Health Data Compass. Following data mergers, our analysis on health disparities will require information on race/ethnicity for the larger general CIVHC patient population. However, for some payers this information may be missing. To supplement this crucial demographic factor, we can utilize “Member Geocoded Latitude and Longitude” to gather information on race/ethnicity characteristics at the neighborhood/census tract level and estimate the likelihood of specific races/ethnicities for Colorado patients with missing values. Further, granular geospatial data, such as neighborhood and street-level, can be heavily predictive of access to health care and is vital to control for when looking at morbidity and mortality among Colorado patients with organ failure.^{3,4}

Line(s) of Business

- ☒ Commercial Payers
- ☒ Health First Colorado (Colorado’s Medicaid and CHP+ programs)⁴
- ☒ Medicare Advantage
- ☒ Medicare Fee for Service (FFS)⁵

Year(s) of Data

- | | | | | | |
|--|--|--|--|--|---|
| <input type="checkbox"/> 2012 | <input type="checkbox"/> 2013 | <input type="checkbox"/> 2014 | <input type="checkbox"/> 2015 | <input checked="" type="checkbox"/> 2016 | <input checked="" type="checkbox"/> 2017 |
| <input checked="" type="checkbox"/> 2018 | <input checked="" type="checkbox"/> 2019 | <input checked="" type="checkbox"/> 2020 | <input checked="" type="checkbox"/> 2021 | <input checked="" type="checkbox"/> 2022 | <input checked="" type="checkbox"/> 2023 ⁶ |

Claim Types

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Inpatient Facility | <input checked="" type="checkbox"/> Outpatient Facility | <input checked="" type="checkbox"/> Professional |
| <input checked="" type="checkbox"/> Pharmacy | <input type="checkbox"/> Dental | |

Financial Detail by Line Item

- | | | |
|---|--|--|
| <input type="checkbox"/> Charged Amount | <input checked="" type="checkbox"/> Allowed Amount | <input type="checkbox"/> Plan Paid Amount |
| <input type="checkbox"/> Plan Pre-Paid Amount | <input type="checkbox"/> Member Copay | <input type="checkbox"/> Member Deductible |

⁴ Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing.

⁵ Medicare FFS data are not available for all requests and must go through a separate approval process.

⁶ This year’s data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request.

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☐ Member Coinsurance

☒ Total Member Liability

Filter Criteria – Services, Providers, Facilities

If you need data for specific services, providers and/or facilities, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

ICD Diagnosis Code(s):
Please specify here.
Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):
Please specify here.
Drug(s) (list pharmacy NDC and/or HCPCS codes):
Please specify here.
Facility Type(s):
Please specify here.
Facilities (list NPIs and/or Pharmacy IDs):
Please specify here.
Facilities within these geographical areas (list county, zip code, Census Tract , etc.):
Please specify here.
Provider Type(s):
Please specify here.
Provider(s) (list NPIs):
Please specify here.
Providers within these geographical areas (list county, zip code, Census Tract , etc.):
Please specify here.
Specific payers (minimum of five):
Please specify here.
Other claim specification:
Please specify here.

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Filter Criteria – Members/Patients

If you need data for specific member/patient groups, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

Ages:		
All ages		
<input type="checkbox"/> At the time of service.	<input type="checkbox"/> At year end	<input type="checkbox"/> By another anchor date: Please specify here.
With these ICD Diagnosis Code(s):		
See ICD10 diagnosis code list in DESF.		
Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):		
See ICD10 procedure code list in DESF.		
Within these geographical areas (list county, zip code, Census Tract , etc., in keeping with your selected Protected Health Information):		
Please specify here.		

Value-Add Data Elements

Indicate which (if any) of the following value-add options you would like included with this extract:

- ☐ [Medicare Severity Diagnosis Related Group](#) Codes (MS-DRGs)
- ☐ [3M All Patient Refined Diagnosis Related Group](#) Codes (3M APR DRGs)
- ☐ [Medicare Repricer](#)
- ☐ Fields from the [American Community Survey](#):

Please specify here.

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Additional Documentation

Data Element Selection Form

The Data Release Application must be accompanied by a completed Data Element Selection Form to be reviewed internally and by the Data Release Review Committee. Ask your CIVHC Contact for more information about completing this form.

- ☒ By checking this box, the Client Organization confirms that the Data Element Selection Form has been completed.
- ☒ By checking this box, the Client Organization confirms that a separate [Member Match File Data Element Selection Form](#) has been completed, if applicable.
- ☐ By checking this box, the Client Organization confirms that a separate [Control Group Data Element Selection Form](#) has been completed, if applicable.

Identifiable Data Use Approval

If you are requesting [Identifiable](#) information, approval from an [Institutional Review Board \(IRB\)](#) or a [Privacy Board](#) is required before such data can be released.

- ☐ Not applicable; the Client Organization is requesting a Limited Extract.

Approval Type

- ☐ IRB approval
- ☐ Privacy Board approval

State of Approval

- ☒ Approval request not yet submitted.
Anticipated submission date: Date
- ☐ Approval request submitted and under review.
Anticipated project approval date: Date
- ☐ Approval already received.

Approval Documentation

- ☐ By checking this box, the Client Organization confirms that the IRB or Privacy Board application and approval documents have been provided to CIVHC.

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Data Management Plan

An organization requesting CO APCD data must submit an organizational Data Management Plan to CIVHC outlining the organization's data security and data management policies and procedures to safeguard the data. This Data Management Plan must be approved by CIVHC prior to any data release.

- ☐ Submitted to CIVHC on Date
- ☐ Approved by CIVHC on Date

Client Acknowledgements and Signatures

Change Agent Index

CIVHC can publicly share the Client Organization's name in its [Change Agent Index](#).

- ☒ Yes
- ☐ No

Report or Product Distribution

If your project results in the production of a report for public distribution in any format (print, electronic, lecture, slides, etc.), including peer-reviewed publication, it must be submitted to CIVHC for review prior to public release. CIVHC will assess compliance with [CMS cell suppression rules](#), risk of inferential identification, CIVHC and CO APCD citations, and consistency with the purpose and methodology described in this Data Release Application. CIVHC will not assess the accuracy of the study results or attempt to recreate results.

This requirement is further defined in the Data Use Agreement. Failure to pursue and obtain CIVHC approval prior to publication will be a violation of the Data Use Agreement and may put the organization's future access to data from the CO APCD at risk.

- ☒ By checking this box, the Client Organization acknowledges this requirement.

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Data Destruction Period

All data must be destroyed within 30 days of the project end date. If your project end date changes from this application, please reach out to your CIVHC Contact for a project extension request form.

☒ By checking this box, the Client Organization acknowledges that CIVHC's [Data Destruction Certificate](#)⁷ must be completed and returned to DataCompliance@CIVHC.org by 6/16/2028 based on the [Anticipated Project End Date](#).

Data Users

List any individuals that will be working with the data. The Data Use Agreement must be updated through your CIVHC Contact every time individuals are granted access to the data during the course of the project.

Name	Role	Organization
Jesse Schold	PI & Research Analyst	Division of Transplant Surgery, University of Colorado School of Medicine, Anschutz Medical Campus
Deena Brosi	Co-PI, Project Contact, Research Analyst	Division of Transplant Surgery, University of Colorado School of Medicine, Anschutz Medical Campus
Rocio Lopez Moscoso	Research Analyst	Division of Transplant Surgery, University of Colorado School of Medicine, Anschutz Medical Campus
Susana Arrigain	Research Analyst	Division of Transplant Surgery, University of Colorado School of Medicine, Anschutz Medical Campus
Arthur Yule	Health Data Compass Data Manager	University of Colorado School of Medicine, Anschutz Medical Campus

⁷ Available on the [Data Release Application and Documents](#) page of CIVHC's website under *Privacy, Security, and Regulatory Information*.

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Data Release Application Version Approvals

Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

The Client Organization has reviewed and confirms that V.03 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	LS	Initials:	DB
Name:	Lucía Sanders	Name:	Deena N. Brosi
Title:	Key Account Manager	Title:	Research Instructor
Date:	2/28/2024	Date:	2/28/2024

Checkpoint 2: Preparation for presentation to the Data Release Review Committee

The Client Organization has reviewed and confirms that V.04 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	LS	Initials:	DB
Name:	Lucía Sanders	Name:	Deena N. Brosi
Title:	Key Account Manager	Title:	Research Instructor
Date:	3/11/2024	Date:	3/12/2024

Checkpoint 3: Final approval to begin project production

The Client Organization has reviewed and confirms that V.00 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Lucía Sanders	Name:	Deena N. Brosi
Title:	Key Account Manager	Title:	Research Instructor
Date:	Date	Date:	Date

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Data Element Selection Form Version Approvals

Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

The Client Organization has reviewed and confirms that V.04 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	LS	Initials:	DB
Name:	Lucía Sanders	Name:	Deena N. Brosi
Title:	Key Account Manager	Title:	Research Instructor
Date:	2/28/2024	Date:	2/28/2024

Checkpoint 2: Preparation for presentation to the Data Release Review Committee

The Client Organization has reviewed and confirms that V.07 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	LS	Initials:	DB
Name:	Lucía Sanders	Name:	Deena N. Brosi
Title:	Key Account Manager	Title:	Research Instructor
Date:	3/11/2024	Date:	3/12/2024

Checkpoint 3: Final approval to begin production

The Client Organization has reviewed and confirms that V.00 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Lucía Sanders	Name:	Deena N. Brosi
Title:	Key Account Manager	Title:	Research Instructor
Date:	Date	Date:	Date