

NFL Injury Surveillance & Analytics General Request Form (Appendix A)

To request an analysis of NFL injury surveillance data, please fill out the form below and submit to nflisa@quintilesims.com. Analyses may require up to three weeks for completion upon approval from all parties, although more time may be required based on other factors such as complexity of the request or time of the year. Please ensure that all information is accurate and complete before submission.

1. Please provide your contact information:		
Full Name and Title:		
Affiliation:		
Contact Phone Number:		
Contact Email:		
2. Who will be receiving this a	analysis from the requestor (e.g., to whom will it be distributed)?	
Name/Title/Affiliation:		
3. What is the purpose of this	analysis?	
Please be specific:		
4. NFL seasons to be included	d in this analysis:	
Note: Data may be limited prior to the 2012 season	to (YYYY)	





5. Seasons to be included in this analysis:			
Check all that apply:	Preseason	☐ Regular season	
	Postseason	☐ Offseason	
6. Sessions to be included in this analysis:			
Check all that apply:	☐ Practices	☐ Games	
7. Level of injury analysis:			
Check all that apply:	League Total	☐ Your Club	
8. Description of the request:			
9. Electronic Signature:			
By signing this form, the requestor agrees that s/he is an authorized representative of the NFL affiliation identified above and is authorized to receive the analys(es). The requestor further acknowledges that s/he has read and is familiar with the NFL Medical Research Protocol, dated September 2017 and will use the analys(es) strictly in accordance with this protocol. Additionally, the requestor agrees that the results provided by QuintilesIMS will be used solely for the purpose(s) described above and will not be shared outside of the recipients listed in Section 2 of this form. Any other uses or disclosures of the analys(es) or the incorporated data require the prior written approval of the NFL. The requester is solely responsible for ensuring the confidentiality and security of all information provided hereunder.			
Name / Date Enter Electronic Signature			

Please email this form to nflisa@quintiles.com. QuintilesIMS will contact you to discuss this request in further detail.

