

## USIDNET Request for Query

Name	
Title	
Institution or Medical Practice	
Address	
Phone number(s)	
Email to Receive Query Results	

**A)** General question to be addressed by query (For example: To determine the incidence of serious adverse events following exposure of primary immunodeficient patients to live agent vaccines):

\_\_\_\_\_

\_\_\_\_\_

**B)** Specific information to query (i.e., specific diagnosis, specific treatment, sex, symptoms..) These can be any field on either the Core or a Disease Specific form.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Unless you request an embargo of the query results, USIDNET will, in addition to emailing your report directly to you at the address above, post your report on [www.USIDNET.org](http://www.USIDNET.org) . If you would like this posting to be postponed for six months, please indicate below and state your purpose for this request.

I would like to request a 6 month embargo on my query results. Purpose: \_\_\_\_\_

\_\_\_\_\_

Notice of approval will be received within 2 weeks.

Please send this application to: USIDNET Registry Manager,  
40 W. Chesapeake Ave, Suite 308, Towson, MD 21204  
Fax – 410-321-0293 or [Query@USIDNET.org](mailto:Query@USIDNET.org)

**Notice: Upon receipt of Database Query results please be aware that no PHI should be attached. If you notice at any time that PHI has been disclosed with the information that you have received please immediately delete all correspondence. Notify USIDNET staff members of the disclosure, do not use any of the information and do not share the information with anyone.**