

**REQUEST FOR PESTICIDE REGISTRY  
OR PESTICIDE APPLICATION INFORMATION  
NEW YORK STATE DEPARTMENT OF HEALTH  
HEALTH RESEARCH SCIENCE BOARD**

**I. ORGANIZATION AND INDIVIDUAL REQUESTING PESTICIDE REGISTRY  
INFORMATION OR PESTICIDE APPLICATION INFORMATION:**

A. Project Director: \_\_\_\_\_

B. Position Title: \_\_\_\_\_

C. Organization: (include Branch, Division, Department, etc.):  
\_\_\_\_\_

D. Street address or PO Box: \_\_\_\_\_

E. City/State/Zip Code: \_\_\_\_\_

E. Telephone (Area Code): \_\_\_\_\_

FAX #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Project Director (last name, first initial): \_\_\_\_\_

**II. PROJECT DESCRIPTION:**

A. Title of Project:

B. Sponsor(s) of Project (if any):

- C. 1. Releasable Abstract of Proposed Research Project (please attach to this form, 100 words maximum).
2. Full Research Proposal or Protocol (please attach to this form). Relevant information, such as the relationship between the proposed project and the information sought from the Pesticide Registry or pesticide applicator, may assist the Board's evaluation of the researcher's request for Pesticide Registry or pesticide application information.
3. The Research Proposal should also explain how, and why, the proposed project is human health related research and why the publicly available aggregate pesticide data are not sufficient for the proposed project.

D. Biographical Sketch - see attached sheets.

E. Is the research project to be conducted under the auspices of an institution?  
 Yes     No

F. If the response to Item E is yes, please provide a copy of the Institutional Review Board or other equivalent review board approval of such proposal or protocol or, if such approval has not been obtained, documentation from such IRB or equivalent review board as to why such approval is not required. If the Institutional Review Board has approved the research proposal or protocol, please also provide documentation that the Institutional Review Board has been approved by the New York State Department of Health and/or the federal government.

Project Director (last name, first initial): \_\_\_\_\_

- G. If the response to Item E is no, please provide the following:
1. A copy of IRB or other equivalent review board approval of the proposal or protocol or, if such approval has not been obtained, documentation from such IRB or equivalent review board as to why such approval is not required. If the IRB has approved the research proposal or protocol, please also provide documentation that the IRB has been approved by the New York State Department of Health and/or the federal government.
  2. Copies of at least one, but no more than three, articles you have authored that were published in peer-reviewed scientific journals. Criteria typically used for evaluating scientific papers, such as primary authorship, recency and relevance to the proposed research project, may be considered by the Board in its evaluation of the researcher's request for Pesticide Registry information or pesticide application information.
- H. Please identify, by name, title, responsibility, organization and relationship to the proposed project, each person designated to obtain and/or have access to confidential Pesticide Registry information or pesticide application information (information which contains the name, address or other information that would identify a commercial or private applicator of pesticides or any person who receives the services of a commercial applicator). Please attach a list with this information to this form.
- I. Please attach the specific written plan you will follow to maintain the confidentiality of confidential pesticide registry information or pesticide application information. This plan must address the following components of data security: work area access, PC security, server/network security, and internet exposure. This must include strict requirements concerning data accessibility and contain policies regarding both physical and electronic access including security settings, network connections, and any possible movement of the data. Provisions shall be made, using current computer security knowledge and technology, to secure and limit access to confidential information stored on network computers or computers with an Internet connection.

Your plan must include a diagram of your proposed PC/network infrastructure, indicating the planned location of confidential information and any proposed connections to or from any other network or internet resources. The simplest and most secure environment would be to house the confidential data on a dedicated stand-alone PC or server in a secure space completely isolated from any network. Only the investigators would have physical access to the work area and equipment. Backups would be made and maintained by the investigators and stored onsite. The backup/recovery plan would have to be described. Data and printouts would never leave the area. This would offer the most protection of the data, but could be impractical in carrying out the activities required.

Your confidentiality plan must be consistent with the following recommendations:

Project Director (last name, first initial): \_\_\_\_\_

### **Work Area Access**

- Physical access to the location where confidential data are kept and used should be limited to researchers and IT staff with proper authorization.
- All confidential material should be locked away at the end of each work shift.
- Any means to be used to move confidential data between researchers should be described.
- Any foreseeable movement of confidential data offsite (e.g., home, other office locations) should be described.

### **PC Security**

- Study PCs must not be bootable absent the use of set hardware or firmware passwords.
- Study PCs should be set to boot only from the internal hard disk, not floppy, CD, DVD, or USB in order to prevent bypassing the operating system logon.
- Data may not be written to removable media or devices except for the purposes of backup and disaster recovery. If so, the backup/recovery plan should be described and the media kept secure.
- Users must logoff and shut down whenever they leave the work area.
- Failed hard drives must be kept and destroyed, not returned to the vendor.
- Study PCs must use a secure operating system, requiring a local or network password to login. Examples of Microsoft products include Windows XP Professional and Windows 2000 Professional; earlier versions of Windows are inadequate. Unix, Linux and Apple offer viable operating system alternatives, but the end user must understand how user IDs and passwords are implemented on their systems.
- Study PCs must use password protected screen savers.
- Study PCs, particularly laptops, must use encryption software to protect confidential data at rest.
- Study PC use must be limited to researchers or designated persons, who must never share passwords or allow others to use their machines
- Study PCs must not host web services, FTP services, or local file sharing.
- Study PCs must maintain up to date virus protection.
- E-mail should not be used to send confidential information.
- Microsoft Word and Microsoft Internet Explorer are particular targets for hackers. They must be configured properly and appropriate patches installed to ensure system and data security

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### **Server/Network Security**

- Access to confidential data kept on a server should be limited to researchers and designated persons and, to the extent necessary for maintenance and backup, responsible IT staff.
- Processes for disposal of all backup copies of confidential data should be described.

### **Internet Exposure**

- Servers holding confidential data must not permit inbound connections from the internet.

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**III. INFORMATION BEING REQUESTED FROM THE PESTICIDE REGISTRY OR PESTICIDE APPLICATOR(S):** Specify the data being requested in terms of time frame, geographic area, and pesticide description with as much detail as possible. Attach additional pages as needed.

**A. TIME FRAME**

Check one:

- All years available OR
- Specific years From: \_\_\_\_\_ To: \_\_\_\_\_ OR
- Specific dates or range of dates (describe below or attach)

Description: \_\_\_\_\_  
\_\_\_\_\_

**B. GEOGRAPHIC AREA**

Check one:

- Entire state OR
- Specific counties (describe below or attach) OR
- Specific 5-digit ZIP codes (describe below or attach) OR
- Combination of counties and 5-digit ZIP codes (describe below or attach)

Description: \_\_\_\_\_  
\_\_\_\_\_

**C. PESTICIDE DESCRIPTION**

Check one:

- All pesticides OR
- Specific pesticide category (e.g., all insecticides or all herbicides) OR
- Specific EPA registration numbers or product names (describe below or attach)

Description: \_\_\_\_\_  
\_\_\_\_\_

**D. Not all studies require data linked to individual applicators or businesses. If you are requesting data categorized in this way, check the box below and attach an explanation of why this is needed for your research. (When data are released, applicator and business identification numbers are obscured with unidentifiable replacement numbers.)**

- Data linked to individual applicators or businesses are needed (attach explanation)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send completed form to:**

Director, Bureau of Environmental and Occupational Epidemiology  
New York State Department of Health  
Flanigan Square, Room 200  
547 River Street  
Troy, New York 12180-2216  
Phone Number: (518) 402-7950, Fax Number: (518) 402-7959

Project Director (last name, first initial): \_\_\_\_\_

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## BIOGRAPHICAL SKETCH

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### EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(S)	FIELD OF STUDY

**RESEARCH AND PROFESSIONAL EXPERIENCE:** Concluding with present position, please list, in chronological order, previous employment and experience. List, in chronological order, the titles, all authors, and complete references to up to five publications most closely related to the proposed project and up to five other significant publications. Describe your involvement in human health related research.

### EMPLOYMENT AND EXPERIENCE

### SELECT PUBLICATIONS

Project Director (last name, first initial): \_\_\_\_\_

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**INVOLVEMENT IN HUMAN HEALTH RELATED RESEARCH (1 PAGE MAXIMUM)**