



**Pennsylvania Pregnancy Risk Assessment Monitoring System (PA PRAMS)  
Analytic File Request Acknowledgement Form**

I, \_\_\_\_\_, as the individual requesting access to the PA PRAMS analytic data file by submission of the Bureau of Health Statistics and Registries' Application for Access to Protected Data, acknowledge the following:

1. I understand that I must provide PA PRAMS staff a copy of my approved Application for Access to Protected Data (Application) from the Bureau of Health Statistics and Registries by sending it to [RA-DHPAPRAMS@pa.gov](mailto:RA-DHPAPRAMS@pa.gov).
2. I understand that the PA PRAMS analytic file will not be used for any other purposes or by any other people than those described in the Application, I will not release the data set or any part of it to any other persons, and I will adhere to the terms of the agreement with the Bureau of Health Statistics and Registries as outlined in the application; which was submitted on \_\_\_\_\_.
3. I understand that PRAMS is a weighted survey based on a joint research project between the state, territorial, or local health departments and the Centers for Disease Control and Prevention (CDC), Division of Reproductive Health. The CDC recommends analysts use SUDAAN software or another software product that allows for complex sampling designs, to compute variance and significance testing.
4. I understand that CDC recommendations for suppression of PRAMS data suggests PRAMS data should not be reported for a row or column if the marginal total of the row or column is  $<30$  and that this applies to all reported data appearing in reports, presentations, and web query systems.
5. I understand that I am able and strongly encouraged to contact the PA PRAMS Coordinator at [RA-DHPAPRAMS@pa.gov](mailto:RA-DHPAPRAMS@pa.gov) with any issues or concerns related to the dataset or analysis of the data.
6. I understand that to comply with federal grant reporting requirements, PA PRAMS staff will be requesting information on how the PA PRAMS data was used to inform program and policy decision-making on an annual and as needed basis.
7. I understand I must acknowledge each PRAMS site whose data was used in analysis, and I understand that the acronym "PRAMS" should be submitted as a keyword for any publications. Please see the recommend acknowledgement text below; information can also be found at the CDC web page: [PRAMS Data](#) | [PRAMS](#) | [CDC](#)

*We thank the PRAMS Working Group, which includes the PRAMS Team, Division of Reproductive Health, CDC and the following PRAMS sites for their role in conducting PRAMS surveillance and allowing the use of their data: [insert names of PRAMS included in your analyses (e.g., PRAMS Pennsylvania)]*

8. I understand that PA PRAMS staff reserve the right to review all publications which include analysis of the PA PRAMS dataset.



- PA PRAMS staff request all abstracts, oral presentations, and poster presentations based on analysis of PA PRAMS data be submitted to the PA PRAMS Coordinator at [RA-DHPAPRAMS@pa.gov](mailto:RA-DHPAPRAMS@pa.gov) for review at least 14 days prior to submission to the CDC.
  - PA PRAMS staff request all manuscripts and reports based entirely or in part on PA PRAMS data be submitted to the PA PRAMS Coordinator at [RA-DHPAPRAMS@pa.gov](mailto:RA-DHPAPRAMS@pa.gov) for review at least 30 days prior to submission.
9. I understand that it is a CDC requirement that all oral or written presentations of the results of the analyses will be submitted to the CDC by emailing [PRAMSProposals@cdc.gov](mailto:PRAMSProposals@cdc.gov) at least 3 weeks prior to presentation or submission to a journal.

DISCLAIMER: If you use any of the data provided, please include the following statement in any publication or release: “This data was provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.”

- ☐ Check here to acknowledge that you understand the reporting and usage requirements listed above.
- ☐ Check here to acknowledge that the disclaimer above will be added to any publication or release.

**Signatures:**

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PA PRAMS Analytic File Requestor

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Date

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Requestor's Affiliated Organization

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Requestor's Email

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PA PRAMS Coordinator

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Date