

**高雄醫學大學醫學資訊與統計中心
諮詢協作服務申請單**

**Center for Medical Informatics and Statistics
Consultation and Collaboration Service Application Form**

申請人資料 Applicant information.		案件編號：Case number:	
姓名 Name		申請日期 Application Date.	
部門/單位 Department/Unit.		職稱 Job Title	
E-mail			
聯絡電話 Phone Number.	(公 Office)	(手機 Mobile)	
聯絡地址 Address:			
申請研究題目 Research Subject			
研究計畫摘要 Research Project Abstract.			
申請緣由：(可複選) Reason for Application: (Multiple selections)			

<input type="checkbox"/> 1. 論文發表，預計發表日期_____ Publication of Thesis, Expected Date of Publication ____
<input type="checkbox"/> 2. 執行計畫之計畫報告，報告截止日期 Project Report for Execution of the Plan, Report Deadline.
<input type="checkbox"/> 3. 申請研究計畫 Research Project Application
<input type="checkbox"/> 4. 內部研究，提供決策 Internal Research, Providing for Decision Making.
<input type="checkbox"/> 5. 其他，請簡要說明_____ Others, please briefly explain.

研究設計 Research Design.

<input type="checkbox"/> 世代研究(Cohort Study)
<input type="checkbox"/> 病例对照研究(Case-Control Study) 配對比例 1:N Matching Ratio 1:N
<input type="checkbox"/> 橫斷面研究(Cross-Section Study)
<input type="checkbox"/> 其他 Others

研究類別 Research Category.

<input type="checkbox"/> 疾病發生率、盛行率研究/監測 Study/Monitoring of Disease Incidence and Prevalence.
<input type="checkbox"/> 藥物(或治療、處置、手術)使用率及相關因子研究 Study of Drug (or Treatment, Procedure, Surgery) Utilization Rate and Related Factors.
<input type="checkbox"/> 藥物(或治療、處置、手術)安全性與效果研究 Study on the Safety and Effectiveness of Drugs (or Treatments, Procedures, Surgeries).
<input type="checkbox"/> 臨床治療指引印證研究 Clinical Treatment Guidelines Validation Study.
<input type="checkbox"/> 疾病原因或疾病間相關性探討 Exploration of Disease Etiology or Inter-disease Correlations.
<input type="checkbox"/> 健康政策/健康服務管理研究 Health Policy/Health Services Management Research.
<input type="checkbox"/> 健康資料品質驗證研究 Health Data Quality Verification Study.
<input type="checkbox"/> 其他_____ Others_____

使用資料檔 Data Files Used.

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操作定義 Operational Definition.

1. 研究對象定義 (篩選條件) Definition of Research Subject (Screening Criteria).
<input type="checkbox"/> 年齡、性別限制範圍： Age, Gender Restriction Range:
<input type="checkbox"/> 疾病(ICD-9-CM 碼，擷取門診或(及)住院*)： Disease (ICD-9-CM Code, Extracting Outpatient or (and) Inpatient*)
<input type="checkbox"/> 藥物、處置或手術(健保藥物碼或 ATC CODE，或處置碼)： Medication, Procedure, or Surgery (National Health Insurance Drug Code or ATC Code, or Procedure Code)

- ✓ 藥物 Medication-
- ✓ 處置 Procedure-
- ✓ 手術 Surgery-
- ✓ 其他條件 Other Conditions-
- ✓ 排除條件 Exclusion Criteria-

2. 相關變項(其他相關因子，如共病、疾病史、用藥史等)

Relevant Variables (Other Relevant Factors, Such as Comorbidities, Medical History, Medication History, etc.).

- 疾病(ICD-9-CM 碼，擷取門診或(及)住院*)：
Disease (ICD-9-CM Code, Extracting Outpatient or (and) Inpatient*):
- 藥物、處置或手術(健保藥物碼或 ATC CODE，或處置碼)：
Medication, Procedure, or Surgery (National Health Insurance Drug Code or ATC Code, or Procedure Code):
 - ✓ 藥物 Medication-
 - ✓ 處置 Procedure-
 - ✓ 手術 Surgery-
 - ✓ 其他條件 Other Conditions-

3. 主要探討之自變項(暴露變項)

Primary Independent Variable (Exposure Variable)

- 疾病(ICD-9-CM 碼，擷取門診或(及)住院*)：
Disease (ICD-9-CM Code, Extracting Outpatient or (and) Inpatient*):
- 藥物、處置或手術(健保藥物碼或 ATC CODE，或處置碼)：
Medication, Procedure, or Surgery (National Health Insurance Drug Code or ATC Code, or Procedure Code):
 - ✓ 藥物 Medication-
 - ✓ 處置 Procedure-
 - ✓ 手術 Surgery-
 - ✓ 其他條件 Other Conditions-

4. 依變項(結果變項)

- 疾病(ICD-9-CM 碼，擷取門診或(及)住院*)：
Disease (ICD-9-CM Code, Extracting Outpatient or (and) Inpatient*):
- 死因(ICD-8、ICD-9-CM 碼、ICD-10)：
Cause of death (ICD-8, ICD-9-CM code, ICD-10)：
- 藥物、處置或手術(健保藥物碼或 ATC CODE，或處置碼)：
Medication, Procedure, or Surgery (National Health Insurance Drug Code or ATC Code, or Procedure Code)
 - ✓ 藥物 Medication-
 - ✓ 處置 Procedure-
 - ✓ 手術 Surgery-
 - ✓ 其他條件 Other Conditions-

5. 研究期間 Study Period

- 研究對象篩選期間：
Subject Selection Period:
- 追蹤起訖時間(是否考慮潛伏期)：
Follow-up Start and End Time (Consideration of the Incubation Period):

6. 架構圖/流程圖

Framework Diagram/Flowchart

<註 Note > "

- (1) 健保住院檔診斷碼有 5 個，門診檔診斷碼有 3 個，請說明要以幾個診斷碼作疾病定義。
There are 5 diagnosis codes in the health insurance inpatient records and 3 diagnosis codes in the outpatient records. Please explain how many diagnosis codes are required to define a disease.

疾病 ICD-9-CM 碼查詢網站: <http://icd9cm.chrisendres.com/>

Disease ICD-9-CM Code Website: <http://icd9cm.chrisendres.com/>

或參考基層醫療院所門診常見疾病 ICD-9-CM 及 A Code 彙編

http://www.nhi.gov.tw/webdata/webdata.aspx?menu=20&menu_id=712&WD_ID=899&webdata_id=1060

Or refer to the compilation of common diseases with ICD-9-CM and A Codes in primary care outpatient clinics

http://www.nhi.gov.tw/webdata/webdata.aspx?menu=20&menu_id=712&WD_ID=899&webdata_id=1060

- (2) 死因檔死因分類：1971-1980 年使用 ICD-8 編碼，1981-2007 年使用 ICD-9-CM 編碼，2008 年後新增 ICD-10 編碼。

Cause of Death File Cause Classification: ICD-8 coding was used from 1971 to 1980, ICD-9-CM coding was used from 1981 to 2007, and ICD-10 coding was introduced from 2008 onwards.

疾病 ICD-8 編碼查詢網站：<http://www.wolfbane.com/icd/icd8.htm>

Disease ICD-8 Code Website：<http://www.wolfbane.com/icd/icd8.htm>

疾病 ICD-10 編碼查詢網站：<http://apps.who.int/classifications/icd10/browse/2010/en>

Disease ICD-10 Code Website：<http://apps.who.int/classifications/icd10/browse/2010/en>

- (3) 藥物碼或處置碼可上健保局網站查詢：http://www.nhi.gov.tw/Query/query1.aspx?menu=20&menu_id=712&WD_ID=831

Medication codes or procedure codes can be queried on the Bureau of National Health Insurance website
http://www.nhi.gov.tw/Query/query1.aspx?menu=20&menu_id=712&WD_ID=831

- (4) 藥物 ATC code 資訊可至 WHO 網站查詢：http://www.whocc.no/atc_ddd_index/

Information about medication ATC codes can be queried on the WHO website：

http://www.whocc.no/atc_ddd_index/

服務項目 Service Items

- 諮詢：研究設計與方向 Consultation: Research Design and Direction
- 諮詢：資料處理與分析 Consultation: Data Processing and Analysis
- 協作：協助資料處理與分析 Collaboration: Assisting with Data Processing and Analysis.

費用 Fee

每小時 NT\$2500 元

NT\$2500 per hour

1. 凡屬高雄醫學大學及高醫醫療體系之申請者，以五折計費。Applicants affiliated with Kaohsiung Medical University and the Kaohsiung Medical University Healthcare Systems are eligible for a 50% discount on fees
2. 簽署「攻頂大學聯盟」與「策略聯盟合作機關」的所屬單位之研究人員，以八折計費。Researchers affiliated with units that have signed agreements with the "Top University Alliance Academic Affairs Working Circle" and "Strategic Alliance Cooperative Institutions" are eligible for a 20% discount on fees.

※實際費用依提供之繳費單為準，並於交付 14 個工作天內完成繳費。

The actual fees are based on the provided payment invoice and must be paid within 14 working days upon delivery.

預估交付日期 Estimated Delivery Date

民國： 年 月 日

Date: Year, Month, Day ____:____:____

簽名欄 Signature Field

本人已完全瞭解協作流程與協作費用，且對於上述協作規格書內容已確認無誤，並不作為學位論文使用

I fully understand the collaboration process and fees, and I have confirmed the accuracy of the content in the collaboration specification document above. This will not be used as a thesis.

申請人 Applicant :

(中文正楷簽名 Chinese Printed Signature)

民國： 年 月 日

Date: Year, Month, Day ____:____:____

中心主任 Head of the Center :

(中文正楷簽名 Chinese Printed Signature)

民國： 年 月 日

Date: Year, Month, Day ____:____:____