

Arkansas Insurance Department (AID) / Arkansas Biosciences Institute (ABI) /  
Arkansas Healthcare Transparency Initiative (HTI)

HTI Data Request

Instructions and Guidelines

Arkansas Biosciences Institute

Arkansas Healthcare Transparency Initiative  
Arkansas APCD Project Request Form

Internal Use Only
Project Number:

Project Title: \_\_\_\_\_

Principal Investigator (print) \_\_\_\_\_

Principal Investigator Signature \_\_\_\_\_

*(signature attests that as PI you agree to all guidelines monitoring use of the APCD database)*

Principal Investigator Credentials and Affiliations \_\_\_\_\_

Approvals for External Publication

When the project output is ready for external publication, attach the manuscript draft to this approved data request packet and return to ABI for approvals.

Publication Title: \_\_\_\_\_

HTI Board Recommendation for Approval \_\_\_\_\_ Date \_\_\_\_\_

AID Approval \_\_\_\_\_ Date \_\_\_\_\_