

ACCESS TO SHARED DATA AND ASSOCIATED SAMPLES REQUEST FORM

This document is to be completed to request access to data sets of where Epicentre is the owner.

Note: This document only pertains to data from completed studies that have been archived for long-term storage and de-identified for sharing.

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SECTION 1 (TO BE COMPLETED BY REQUESTOR)

Name of requestor:

Email address:

Contact phone number:

Affiliation/Organisation:

Department (if applicable):

Date of request:

- 1) Provide reason(s) for the request to access shared data** *(Summary of the data usage objectives, tentative overview of the data analysis plan, lay summary of the proposed study, evidence of ethical approvals if necessary, details of collaborators, sponsor, investigator(s) and institution(s) involved in the Research, plans for publication of results (including whether the Requestor will only seek open access Publication(s) or not)*

- 2) Information requested** *(This should be the minimum amount of data necessary to achieve the objective(s). List all the individual elements required. If needed, put here a short description and attach a separate document with details)*

- 3) How will the data be kept secured during transfer?**

- 4) How and where will the data be stored?**

- 5) How will the data be kept secured and confidential during the study?**

- 6) Explain how the data will be used and by whom** *(List all persons (and roles) who will have access to the shared data and those who will process the shared data)*

7) Are there any perceived risks posed by the data sharing? *(Is any individual or Epicentre or its partners likely to be damaged by this data sharing? Are there any identified conflict of interests?)*

I have read and been informed about the content, requirements, and expectations of the data sharing at Epicentre. I have received a copy of Epicentre's Data Sharing Policy and agree to abide by the policy provisions as a condition of the approval of my request and its continuous validity.

[Name] and [Signature] of **requestor**

Once completed, please return this form to:
Name, Epicentre, Address or Email

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SECTION 2 (TO BE COMPLETED BY DATA SHARING COMMITTEE)

Project Code:

We have reviewed the request for access to archived data for this above-mentioned study. We:

Approve this access OR **Do not approve** this access

[Names] and [Signatures] of DSC Chairperson

[Date]