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# DATA REQUEST FORM

# *DAC DBG UMC Utrecht*

Applications for access to data can be submitted by emailing this completely filled document to DACDBG@umcutrecht.nl. The Data Access Committee of the Department of Biomedical Genetics of UMC Utrecht will consider applications and respond within 4 to 6 weeks. Applicants **must** have a PhD and/or MD degree and provide their full institution contact details, including a signature and stamp of an institute official. Personal email addresses (e.g. Hotmail, Gmail etc.) are not accepted. Incomplete application forms will not be taken into consideration and send back to the applicant.

**Submission date**

**Applicant:**

**Full name**

**Position/Title**

**Organization**

**Department**

**Address**

**Country**

**Email address**

**Principal Investigator:**

**Full name**

**Title**

**Organization**

**Department**

**Address**

**Country**

**Email address**

**Phone number**

Please attach a copy of the curriculum vitae of the Principle Investigator with a list of scientific achievements and publications to this Data request form.

**Requested data** (describe type and format of requested data)

**Please state three peer-reviewed publications of the applicant that are related to the intended research project:**

**Please state the grant that is acquired to perform this research project, or state a recently acquired grant that proves your expertise in the relevant research field:**

**Is the project part of a consortium/current collaboration?**

If yes, please state the centers/institutes and researchers involved:

**Please state all involved researchers and affiliations, including consortium members and collaborators that will have access to the data or are involved in the research**

**Project Proposal**

**Project title**

**Short project summary** (describe your research question and approach):

**Research question:**

**Please describe how the requested data specifically contributes to addressing your research question:**

**Clinical background of the project:**

**Importance of the project in the research field** (please include your reasoning)**:**

**Please state the methods that you are applying during your project** (how will you structure your project? What statistic measures will you use? How many patients will be included?)**:**

**Do you have any questions and/or remarks?**

I hereby declare that the information provided in this ‘Data Request Form’ is true and correct. I understand that this ‘Data Request Form’, including revisions and/or restrictions imposed by the Data Access Committee, is part of the final, legal agreement.

**Signature of the Principle Investigator, including name, date and institutional stamp**