# 

# 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 Center of Molecular Medicine (CMM) of the UMC Utrecht (formerly the Department of Biomedical Genetics) will consider applications and respond within 4 to 6 weeks. The applicant and the PI (Principle Investigator) mustprovide their full **institution** **contact** details. Personal email addresses (e.g. Hotmail, Gmail etc.) are not accepted. The Principle Investigator has to have a PhD and/or MD degree. 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**

**Orcid**

**Principal Investigator:**

**Full name**

**Title**

**Organization**

**Department**

**Address**

**Country**

**Email address**

**Phone number**

**Orcid**

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**  
EGA ID:

Title Dataset/Study:

**Please state three peer-reviewed publications of the PI 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 the expertise of the PI in the relevant research field:**

**Is the project part of a consortium/current collaboration with other organizations? Yes/No***(delete wrong answer)*

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

**Please state all involved researchers, their affiliations, positions and email-addresses, 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:**

**Name:  
Date:**