

0925-NEW_DASH_ATTACHMENTA.2-3_DATAREQUEST

- General**
- Study Information
- Affiliates
- Generate Package
- Upload Package
- Submit

All fields marked with an asterisk (*) are required.

REQUEST NAME *

Request Name

Name your request

REQUESTOR INFORMATION *

Email Address *

gansallo_mary@bah.com

Title	First Name *	Last Name *	M.I.
<input type="text"/>	Mary	Gansallo	M.I.

Job Position/Title *	Phone
Software	3019287190

Institution *
National Institute of Child Health and Human Development

Address *
31 Center Drive

Address 2
Building 31, Room 2A32

City *	State *	Zip Code *
Bethesda	MD	20892

For Profit Not For Profit

School/Division/Center *

National Institute of Child Health and Human Development

Address *

Building 31, Room 2A32

Address 2

Building 31, Room 2A32

City *

Bethesda

State *

MD

Zip Code *

20892

Save

Next

Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.



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STUDY INFORMATION *

Request Project Title *

What is the name of the study for which this data will be used for?

Request Description (Research Need) *

Please provide a brief description of the study to include study aims/goals, hypothesis that will be tested, methodology to be used, and the expected outcomes.

Design and Analysis Plan *

Required for Study PI/Steering committee approvals. Not Required for NICHD Governance Committee Approvals

A design and analysis plan is required for studies that require Study PI/Steering Committee approvals. In the description please include specific aims, a short abstract of the design and an analysis plan.

FUNDING INFORMATION

Funding Source *

- NIH Intramural NIH Extramural Other

Funding Type *

- Grant Contract Other

Identifying Number. Put "N/A" if Unknown *

Enter the identifying number

+ Add Funding Information

PRINCIPAL INVESTIGATOR *

Use information from my registered account

Select a user from your institution...

AUTHORIZED REPRESENTATIVE (Institutional Business Official) *

Use information from my registered account

Select a user from your institution...

Previous

Save

Next

General ✓

Study Information

Affiliates

Generate Package

Upload Package

Submit

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AFFILIATES

Affiliates are other researchers from your institution who will access the data. A separate data request has to be submitted by collaborators from other institutions.

Note: All listed affiliates must be registered DASH users.

+ Add a Collaborator

Previous

Save

Next

General ✓

Study Information ✓

Affiliates ✓

Generate Package

Upload Package

Submit

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GENERATE PACKAGE

All of the documentation required for your data request will be automatically generated when you click on "Generate Package". Please "Print for Preview" to review your Data Request Package and make any necessary changes before you click on "Generate Package". Once you generate the Package, you will not be able to make any changes to your data request.

You will receive the Data Request Package by Email - please review all documents before you obtain the necessary signatures. The Requestor is responsible for coordinating with all parties involved to collect all required signatures to complete the data request.

CONFIRM AND GENERATE PACKAGE

Previous

Save

Next

General ✓

Study Information ✓

Affiliates ✓

Generate Package ✓

Upload Package ✓

Submit

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UPLOAD COMPLETED DATA REQUEST PACKAGE(S)

After obtaining all of the necessary signatures, upload the documents for your data request in the areas below. You will be prompted to review your uploaded package on the next page.

UPLOAD National Institute of Child Health and Human Development DATA REQUEST PACKAGE

Data Use Agreement

Upload

No file chosen

IRB Approval for Data Request

Upload

No file chosen

Data Request Form

Upload

No file chosen

[Previous](#)

[Save](#)

[Next](#)

General ✓

Study Information ✓

Affiliates ✓

Generate Package ✓

Upload Package ✓

Submit ✓

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DATA REQUEST SUBMISSION

Your data request will be reviewed by the NICHD DASH Data Access Committee and/or the study Steering Committee/PI as necessary. You will be notified via email about any updates to your request. You may also review your data request status at any time from "My Cart."

[SUBMIT](#)

[Previous](#)