

0925-NEW_DASH_ATTACHMENA.2-2_DATASUBMISSION

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General - Part 2

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Complete Submission

General - Part 1

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

NOTE: (1) Be sure to de-identify all your study data prior to submission. (2) Starting submission will trigger DASH to send you an email with a "submission identifier" or token - you will be prompted to enter this identifier later on the submission process.

STUDY

Study Name *	Abbreviation *
<input type="text" value="Study Name"/>	<input type="text" value="Abbreviation"/>
<input type="radio"/> Single Site	<input type="radio"/> Multi Site
NICHD Program/Clinical Research Network Name	
<input type="text" value="Please select the clinical research network Name"/>	

POINT OF CONTACT INFORMATION

Use information from my registered account to auto-populate Point of Contact Information and add Institution and Division fields.

Email Address *

Title **First Name *** **Last Name *** **M.I.**

<input type="text" value=""/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="M.I."/>
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Job Position/Title * **Phone**

<input type="text" value="Job Position/Title"/>	<input type="text" value="Phone Number (XXX XXX XXXXX)"/>
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Institution *

Don't see your institution in the dropdown list? [Click here to add your institution](#)

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Public reporting burden for this collection of information is estimated to average two hours 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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Submit Your Study
General 2/2

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

STUDY PRINCIPAL INVESTIGATOR *

The study principal investigator is one of the following:

- Point of Contact
- Submitter
- Other

DATA CENTER PRINCIPAL INVESTIGATOR (OPTIONAL)

The data center principal investigator is one of the following:

- Point of Contact
- Submitter
- Other

CO-INVESTIGATOR INFORMATION (OPTIONAL)

+ Add Co-Investigator

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Policy Compliance

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

1. Is this Study compliant with HHS human subjects regulations (45 CFR Part 46)?*

HHS human subjects research (45 CFR Part 46) offers basic protections to human subjects involved in both biomedical and behavioral research conducted or supported by HHS. [More info](#)

- Yes
- No

If no, please explain:

2. Is this Study compliant with FDA human subjects regulations (21 CFR Parts 50 and 56)?*

FDA human subjects regulations (21 CFR Parts 50 and 56) deals with the policies surrounding human subjects and Institutional Review Boards (IRBs). Part 50 applies to all clinical investigations regulated by the FDA under sections 505(i) and 520(g) of the Federal Food, Drug, and Cosmetic Act, as well as clinical investigations that support applications for research or marketing permits for products regulated by the FDA. Part 56 contains the general standards for the composition, operation, and responsibility of an IRB that reviews clinical investigations regulated by the FDA. [More info](#)

- Yes
- No

If no, please explain:

3. Is this Study compliant with the Health Insurance Portability and Accountability Act of 1996?*

Health Insurance Portability and Accountability Act Privacy Rule (45 CFR Part 164) establishes the conditions under which protected health information may be used or disclosed by covered entities for research purposes. The Privacy Rule also defines the means by which individuals will be informed of uses and disclosures of their medical information for research purposes, and their rights to access information about them held by covered entities. [More info](#)

- Yes
- No

If no, please explain:

4. Is this Study compliant with the Privacy Act of 1974?*

Privacy Act (42 U.S.C. § 241; 281-290b), Section 308(d) (42 U.S.C. 242 m (d)) a United States federal law, establishes a Code of Fair Information Practice that governs the collection, maintenance, use, and dissemination of personally identifiable information about individuals that is maintained in systems of records by federal agencies. [More info](#)

- Yes
- No

If no, please explain:

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Submit Your Study Study Details

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

STUDY INFORMATION

Study Description *

Please provide a brief description of the study to include study aims/goals, hypothesis tested, methodology used and the resulting outcomes. It is not necessary to provide information that may be duplicated in other study documents that are being submitted (example - eligibility criteria or outcome measures that are available in the study protocol).

Provide a description of the study being submitted to the archive (512 characters)

Study Enrollment Dates *

From To

Data Collection Dates *

From To

Keywords

Please enter keywords one at a time

Topics

Choose...

FUNDING INFORMATION

Funding Source *

NIH Intramural NIH Extramural Other

Funding Type *

Grant Contract Other

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

[+ Add Funding Information](#)

DATA INFORMATION

Clinical Research Type *

Please select the clinical research type

URL LINKS

Study Website

ClinicalTrials.gov

dbGaP

PUBLICATIONS (optional)

NOTE: Please provide no more than five URLs for main publications at this time. You will be able to upload the entire list of publications in the 'Supporting Documents' section.

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Study Population

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

STUDY TOTAL POPULATION

Total Population *

Total Population Description *

Provide a brief description of the aggregate population study being submitted to the archive (512 characters)

Subjects by Sex

NOTE: Please provide all applicable information

Males

Females

Unknown

Undifferentiated

Subjects by Lifestage

NOTE: Please provide all applicable information

Infants

Toddlers

Early Childhood

Middle Childhood

Early Adolescence

Late Adolescence

Adults

Subjects by Ethnicity

NOTE: Please provide all applicable information

Hispanic

Non-Hispanic

Subjects by Race

NOTE: Please provide all applicable information

American Indian or Alaska Native

Asian

Black or African American

Enter Total Number

Native Hawaiian or other Pacific Islander

Enter Total Number

White

Enter Total Number

Multi Race

Enter Total Number

Subjects by Location

NOTE: Please provide all applicable information

Alabama, United States

Enter Total Number

Arkansas, United States

Enter Total Number

California, United States

Enter Total Number

Connecticut, United States

Enter Total Number

Florida, United States

Enter Total Number

Illinois, United States

Enter Total Number

Kentucky, United States

Enter Total Number

Maryland, United States

Enter Total Number

Michigan, United States

Enter Total Number

New Jersey, United States

Enter Total Number

New York, United States

Enter Total Number

North Carolina, United States

Enter Total Number

Ohio, United States

Enter Total Number

Oklahoma, United States

Enter Total Number

Pennsylvania, United States

Enter Total Number

Rhode Island, United States

Enter Total Number

South Carolina, United States

Enter Total Number

Tennessee, United States

Enter Total Number

Texas, United States

Enter Total Number

Utah, United States

Enter Total Number

Virginia, United States

Enter Total Number

West Virginia, United States

Enter Total Number

United States

Enter Total Number

Argentina

Enter Total Number

Bahamas

Enter Total Number

Brazil

Enter Total Number

Jamaica

Enter Total Number

Mexico

Enter Total Number

Peru

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Data Distribution

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

1. All data requests will be reviewed by the NICHD Data Access Committee. Do you require additional approval based on the study consent form? *

- Yes
- No

2. Are there any limitations to the use of data per study consent form? *

- Yes
- No

3. Is IRB approval required for data distribution? *

- Yes
- No

Provide an acknowledgement statement if your data are used in a future publication or presentation.

Acknowledgment Statement

Please enter text here (140 characters)

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Submit Your Study

Supporting Documents 1/2

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

UPLOAD SUPPORTING DOCUMENTS - Compliance

REQUIRED DOCUMENTATION: Submissions to the NICHD Archive must include the following documentation:

Institutional Certification

 [Upload](#)

IRB Approval for Data Submission

 [Upload](#)

OPTIONAL DOCUMENTATION: Submissions to the NICHD Archive may include the following documentation:

Additional Document

 [Upload](#)

Study-specific Data Use Agreement

 [Upload](#)

Confirmation of Consent

 [Upload](#)

Blanket Material Transfer Agreement for Biospecimen

 [Upload](#)

Informed Consent

 [Upload](#)

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Supporting Documents 2/2

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

UPLOAD SUPPORTING DOCUMENTS - Descriptive

REQUIRED DOCUMENTATION: Submissions to the NICHD Archive must include the following documentation:

Study Protocol

 Upload

Codebook/Variable Dictionary

 Upload

Data Collection Instruments

 Upload

De-identification Methodology

 Upload

OPTIONAL DOCUMENTATION: Submissions to the NICHD Archive may include the following documentation:

Data Collection Methodology

 Upload

Data Analysis Plan

 Upload

Summary Statistics

 Upload

Study Manual

 Upload

Project Summaries

 Upload

Manual of Operations

 Upload

List of Publications

 Upload

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Study Items Annotations

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

UPLOAD STUDY ANNOTATIONS *

If you haven't categorized and annotated your study items yet, you can return to this step in the study submission process at a later time to upload the annotated spreadsheet.

Upload Study Annotations

[Upload](#)

UPLOAD YOUR STUDY STRUCTURE *

Please upload a .zip file that represents the structure of the study.

Study Structure Zip

[Upload](#)

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SUBMIT YOUR STUDY

Thank you for submitting your study data to DASH!

Your study submission will be reviewed by the NICHD DASH Committee for Policy compliance. You will receive an email from the NICHD DASH Administrator about your submission. Study submission status may also be checked at any point from the 'Manage Submissions' located on the DASH homepage.

[Preview The Study Snapshot Page](#)

[Submit](#)

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