The National Children's Study Vanguard Data Request Form

OMB# xxxx-xxxx
exp. date xx/xx/xxxx

** = Required Field*

Request Identifier

Request Name *

Create a brief title for your research plan

Public reporting burden for this collection of information is estimated to average 20 minutes 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 (xxxx-xxxx). Do not return the completed form to this address.

Privacy Act Notification: Information collected as part of the data use agreement, data request forms, and distribution agreement may be made public in part or in whole for tracking and reporting purposes. This Privacy Act Notification is provided pursuant to Public Law 93-579, Privacy Act of 1974, 5 U.S.C. Section 552a. Authority for the collection of the information requested comes from the authorities regarding the establishment of the National Institutes of Health, its general authority to conduct and fund research and to provide training assistance, and its general authority to maintain records in connection with these and its other functions (42 U.S.C. 203, 241, 289l-1 and 44 U.S.C. 3101), and Section 301 and 493 of the Public Health Service Act. These records will be maintained in accordance with the Privacy Act System of Record Notice 09-25-0200 (https://oma.od.nih.gov/forms/Privacy%20Documents/PAfiles/0200.htm) covering "Clinical, Basic and Population-based Research Studies of the National Institutes of Health (NIH), HHS/NIH/OD." The primary uses of this information are to document, track, and monitor and evaluate the submission of data from clinical, basic, and population-based research activities and to notify Submitters in the event a potential error in the dataset is identified or in the event of updates or other changes to the database. The Federal Privacy Act protects the confidentiality of the Submitter's NIH records. The NIH will use the information collected for the purposes described above. In addition, the Act allows the release of some information in the Submitter's records without the Submitter's permission; for example, if it is requested by members of Congress or other authorized individuals. The information requested is voluntary, but necessary for obtaining access to data and samples in the NCS Archive.

Requesting Investigator Information

Name *

Title

Institution

Address *

Email *

Phone *

Department

Fax

Website

Recipient Information

Institution type *

- Non-Profit Organization
- Commercial Organization
- Academic
- Government

Number of years in scientific research

- 0-5
- 5-10
- 10+

Approximately how many years has the lead investigator been involved in scientific research?

Is funding currently available for this research? *

- Yes
- No

If yes, please upload documentation of primary funding

If no and funding is not yet available, please indicate anticipated primary funding source

- NIH Intramural Research
- NIH Extramural Research
- Non-NIH Federal Funding
- Private Foundation
- Funding Outside of United States
- Industry
- Institutional/Departmental
- State Funding
- Pending
- No Direct Funding or Not Applicable

Request Details

Subject Characteristics

Describe the characteristics of the subjects to be searched for available data. Criteria might include gender, age, disease status, genotype, etc. Be as specific as possible.

Research Plan: Describe this request, including a summary of the rationale, main hypothesis and proposed research aims *

A brief overview of your research needs

Scientific Background and Rationale

Provide the research protocol background, objectives, and hypothesis.

Approved Users

Name

Approved User #1 Name

Email

Approved User #1 Email

Name

Approved User #2 Name

Email

Approved User #2 Email

Name

Approved User #3 Name

Email

Approved User #3 Email

Name

Approved User #4 Name

Email

Approved User #4 Email

Information Security: Please check the information security practices to be used *

- [ ] Institute supported, controlled access server
- [ ] Institute supported, password protected desktop computer
- [ ] Encrypted, password protected laptop computer
- [ ] Encrypted portable media (encrypted external hard drive, encrypted thumb drive)
- [ ] Unencrypted portable media backup (CD, DVD, thumb drive) stored in locked file cabinet

Study data must be maintained in a secure and controlled environment

Comments

Upload Checklist

- [ ] I have uploaded institutional sign off or a cover letter approving research
- [ ] I have uploaded documentation of primary funding