

Request for "A Prospective, Randomized, Double-Blind, Controlled Clinical Trial of the Effects of Oxygen Tension on Clinical In Vitro Fertilization Outcomes"

OMB Control Number: 0925-0744
Expiration Date: 01/31/2022



- General
- Study Information
- Research Team
- Generate Package
- Upload Package
- Review and Submit

General

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

REQUEST NAME

Request Name *

REQUESTER INFORMATION

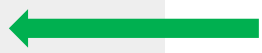
Please review your account information below. If you need to make any updates, please "save" your current request form progress and go to [Update My Profile](#) to make any updates.

Email Address	School/Division/Center
Name	Division Address
Job Title/Position	
Institution	
Institution Type	
Phone	
Institution Address	

SAVE

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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 (0925-0744). Do not return the completed form to this address.



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Study Information

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

Please fill out the fields below describing the study you are requesting data for.

Request Project Title *

Please enter a request project title that is less than 128 characters including spaces.

Please enter your project title (128 Characters).

Research Plan *

Please enter a research plan that is less than 1024 characters including spaces. 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.

Please enter your research plan (1024 Characters).

Design and Analysis Plan *

Please enter a design and analysis plan that is less than 1024 characters including spaces. In the description please include specific aims, a short abstract of the design and analysis plan.

Please enter your design and analysis plan (1024 characters).

FUNDING INFORMATION

Funding Source *

NIH Extramural NIH Intramural Other

Funding Type *

Contract Grant Other

Funding Identifying Number *

Put "N/A" if Unknown

Enter the identifying number (128 characters)

[+ Add Funding Information](#)

PRINCIPAL INVESTIGATOR

Principal Investigator *

Please select a user from your institution

Use information from my registered account

AUTHORIZED REPRESENTATIVE (INSTITUTIONAL BUSINESS OFFICIAL)

Email Address *

Please enter Email Address

Title First Name * Last Name * M.I.

Job Title/Position * Phone Number

Division *

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Research Team

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

AFFILIATES

Will you have Affiliates as part of this Data Use Agreement? Affiliates are individuals within your institution, for whom access to Data is required to carry out the Research Plan. Affiliates are permitted to access and download data directly from NICHD DASH. *

Note: All listed affiliates must be registered DASH users.

Yes

No

ASSOCIATE

Will you have associates as part of this Data Use Agreement? Associates are individuals employed by other institutions that will be allowed to access data and will be covered under your institution's Data Use Agreement. They will not be permitted by the DASH system to access or download data directly; instead, they must access data only within your data platform and must not download data from your data platform to their own local data platform or devices. *

Yes

No

COLLABORATOR

Will you have collaborators? Collaborators are individuals at other institutions under the supervision of other Principal Investigators working collaboratively on the same research plan. *

Note: Collaborators must submit a separate Data Request Form and sign a separate DUA with NICHD.

Yes

No

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Generate Package

All of the documentation required for your data request will be automatically generated when you click on "Confirm and Generate Package." Please review your entries and make any necessary changes before you click on "Confirm and Generate Package."

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

If you need to edit your data request after your Data Request Package has been generated, you must make these changes in the DASH System; you must not edit the content of the system generated Data Request Form or Data Use Agreement documents provided to you via email. If you need to edit any fields after receiving the Data Request Package, you must log back into the system, go to "My Cart," click on the "Edit Request" button of the particular request, make your edits, and then re-generate your request package again.

The following documents will be included in the package:

- Data Request Form
- Data Use Agreement

The Data Request Form and Data Use Agreement can be provided in a format that is easier for individuals with disabilities to access (508 Compliant). If you or your team need these documents to be made 508 Compliant for you to complete your data request, please email SupportDASH@mail.nih.gov.

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Confirm and Generate Package

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Upload Package

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

UPLOAD COMPLETED DATA REQUEST PACKAGE

After obtaining all of the necessary signatures, upload the documents for your data request in the areas below.

Data Request Form *

Data Use Agreement *

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Review and Submit

REVIEW AND SUBMIT

Request Name

Request Name:

Requester Information

Email Address

School/Division/Center

Name

Division Address

Job Title/Position

Institution

Institution Type

Phone

Institution Address

Study Information

Project Title

Project Description

Design and Analysis Plan

Funding Information

Funding Source:

Funding Institution(s):

Funding Type:

Grant Number:

Funding Source:

Funding Institution(s):

Funding Type:

Grant Number:

Principal Investigator

Principal Investigator

Authorized Representative

Email Address

School/Division/Center

Name

Division Address

Job Title/Position

Institution

Institution Type

Phone

Institution Address

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."

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[SUBMIT](#)