

0925-0744-NEW_DASH_ATTACHMENT A.2-9_DATA COLLECTION CATALOG SUBMISSION

Data Collection Submission

Submission Start Date: 9/16/2020

OMB Control Number: 0925-0744
Expiration Date: XX/XX/XXXX

- ... Data Collection
- × Review and Submit

Data Collection

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

Data Collection Name *

Please provide the name (256 characters including spaces) of the external resource where the data are available for secondary use.

Please enter the data collection name (256 characters including spaces)

Abbreviation *

Abbreviation

Data Collection Description *

Please provide a brief description (1024 characters including spaces) of the data collection and its purpose, such as the data available for secondary use, and other information relevant to the external resource.

Please provide a brief description of the data collection

Species *

Please select the name of the species represented in the data collection. You may select more than one species. If the species is not listed, please select "Other" at the bottom of the list. You will be able to enter a new species into the text field that will open.

+ Add

Please add species one at a time

Keywords *

Please add keyword(s) to describe your data collection.

+ Add

Please add keywords one at a time

Data Collection Type *

Please select your data collection type from the dropdown. If the appropriate type is not listed, scroll down and select the "Other" option at the end of the list. You will be able to enter a new collection type into the text field that will open.

Please select data collection type

Data Collection URL *

Please provide a link to the website where the data collection can be accessed for secondary use. The URL should be a direct link and not include search terms in the URL.

Please enter a URL link to the collection

NICHD Division/Branch/Center *

Please select the NICHD Division/Branch/Center associated with your data collection from the drop-down list. If you are unsure of what to enter, please contact the primary NICHD program person responsible for this external resource for guidance.

Please select the NICHD Division/Branch/Center Name

SUBMITTER INFORMATION

Please review your account information below. If you need to make any updates, please "Save" your current submission 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

SAVE

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Public reporting burden for this collection of information is estimated to average fifteen 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 (0925-0744). Do not return the completed form to this address.



Data Collection

Review and Submit

Review and Submit

Please review the data collection information that will appear on the [Data Collections Explorer](#) in DASH for your data collection. If you need to make changes, use the navigation bar on the left or the "Previous" button to return to a previous section.

Preview Data Collection

Once you have reviewed and verified the information for this data collection, click "Submit Data Collection". You will receive an email confirmation from the NICHD DASH Administrator that your submission has been received.

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