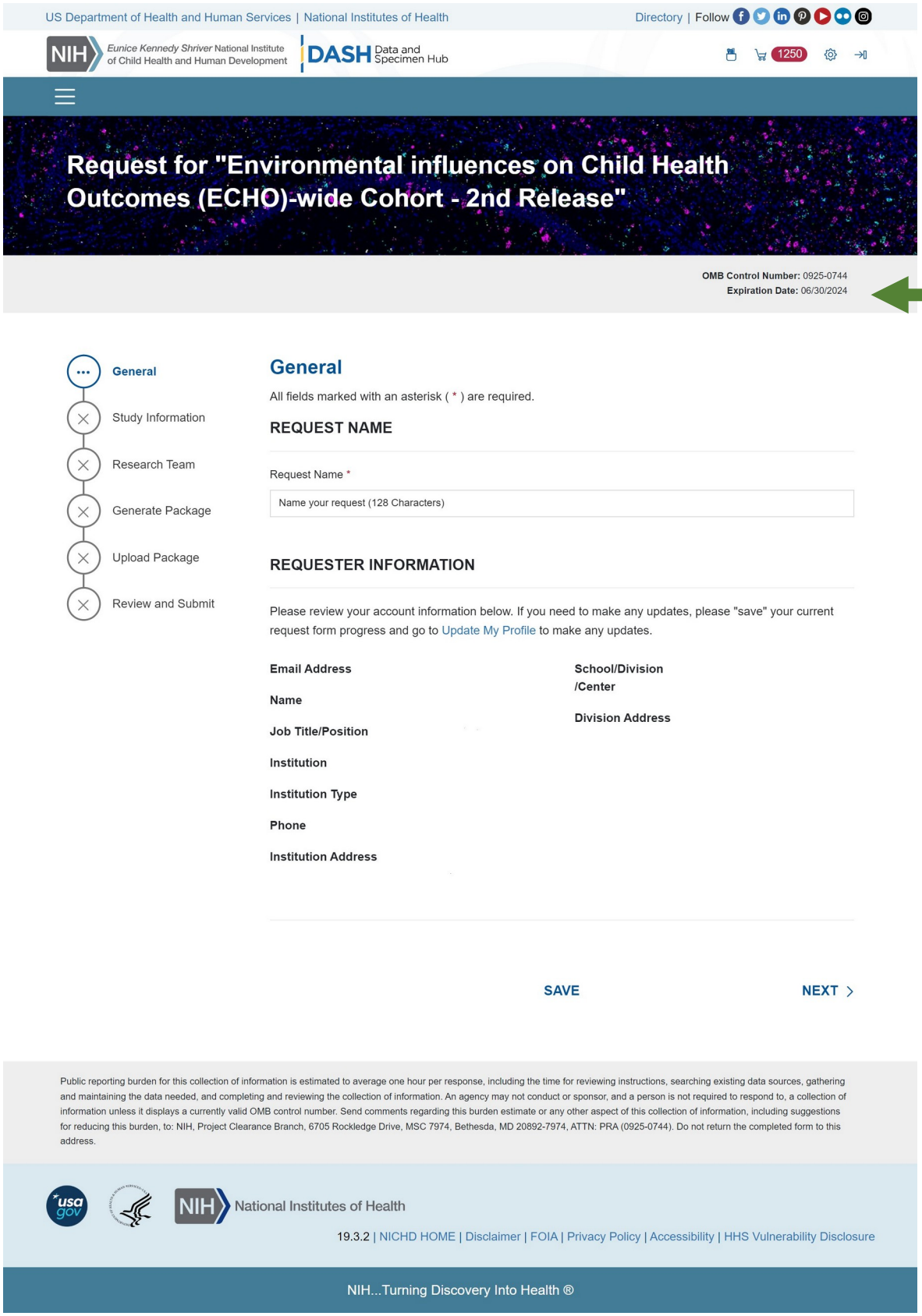
Attachment A.2-4 - Data Request (Approved OMB Number: 0925-0744)



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

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 *

- [x] NIH Extramural
- [ ] NIH Intramural
- [ ] Other

Select one or more institutions. Hold Ctrl key for selecting multiple institutions *

Center for Information Technology (CIT)
Center for Scientific Review (CSR)
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
Fogarty International Center (FIC)
National Cancer Institute (NCI)
National Center for Advancing Translational Sciences (NCATS)

Funding Type *

- [x] 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.
Title	First Name	Last Name	M.I.

Job Title/Position *

Job Title/Position

Phone Number

Please enter Phone Number

Division *

Select a division...

< PREVIOUS SAVE NEXT >

Request for "Environmental influences on Child Health Outcomes (ECHO)-wide Cohort - 2nd Release"

General
Study Information
Research Team
Generate Package
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Review and Submit

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

Please select your affiliates from the dropdown list and click the "Add an Affiliate" button. This list includes registered DASH users from your institution. If you are unable to find your affiliates in the list, please ask them to register and activate an account in DASH. When their accounts are active, you will be able to find them in the list and add them to your list of affiliates. Please do not proceed to the next step until you have added all of your affiliates who will have access to the requested data.*

Select a user from your institution... | Add Affiliate

ASSOCIATES

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

Associate 1

Associate's Institution *

Please select Associate's Institution

Unable to find the Associate's institution in the dropdown list? Click here to add institution

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

Job Title/Position *

Please enter Associate's Job Title/Position

Project Role *

Please enter Associate's Project Role

Email *

Please enter Associate's Email

Add Associate

COLLABORATORS

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

Collaborator 1

Collaborator's Institution *

Please select Collaborator's Institution

Unable to find the Collaborator's institution in the dropdown list? Click here to add institution

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

Job Title/Position *

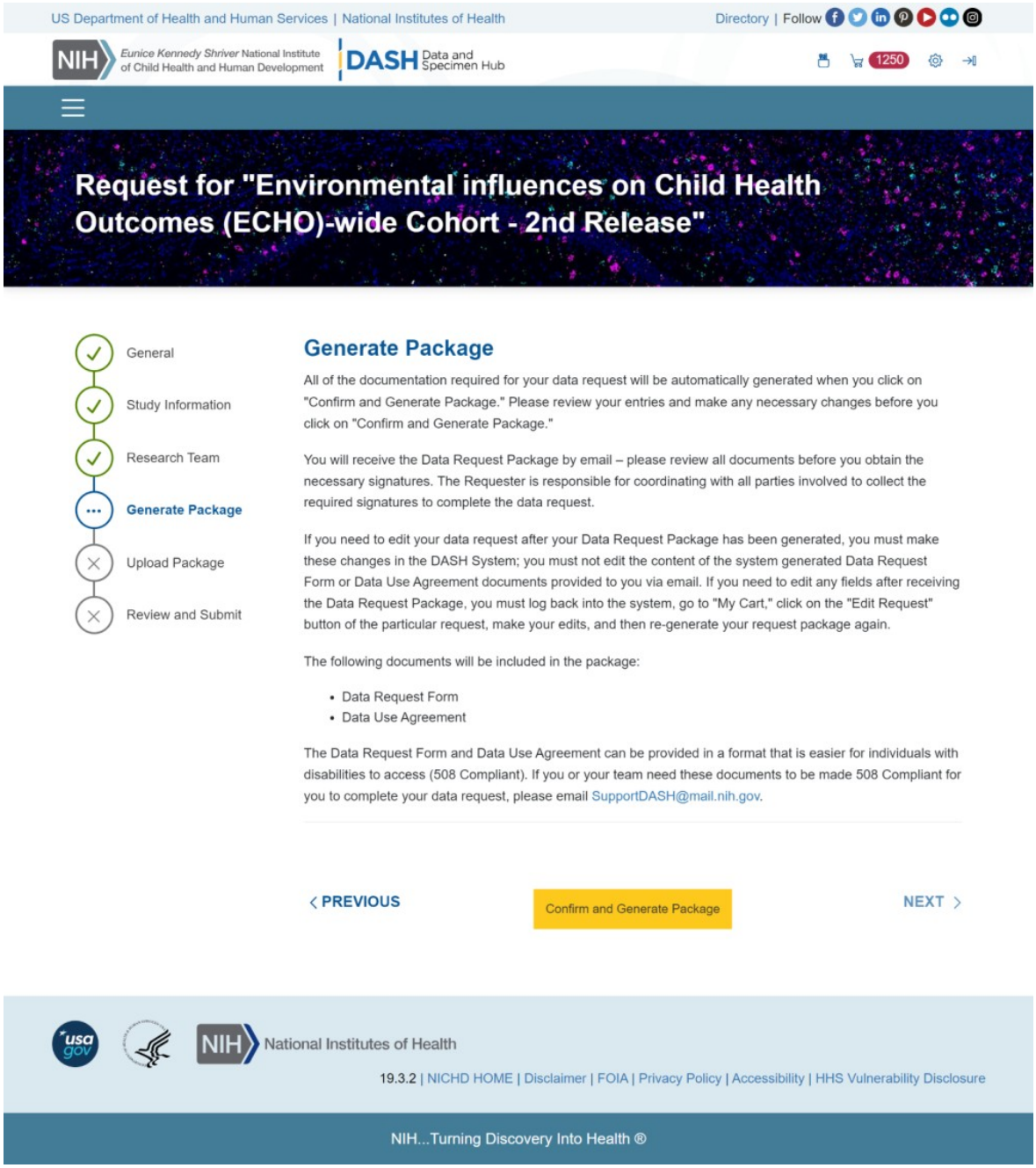
Please enter Collaborator's Job Title/Position

Email *

Please enter Collaborator's Email

Add Collaborator

< PREVIOUS SAVE NEXT >


US Department of Health and Human Services | National Institutes of Health
Directory | Follow
NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development
DASH Data and Specimen Hub
1250
Request for "Environmental influences on Child Health Outcomes (ECHO)-wide Cohort - 2nd Release"
General
Study Information
Research Team
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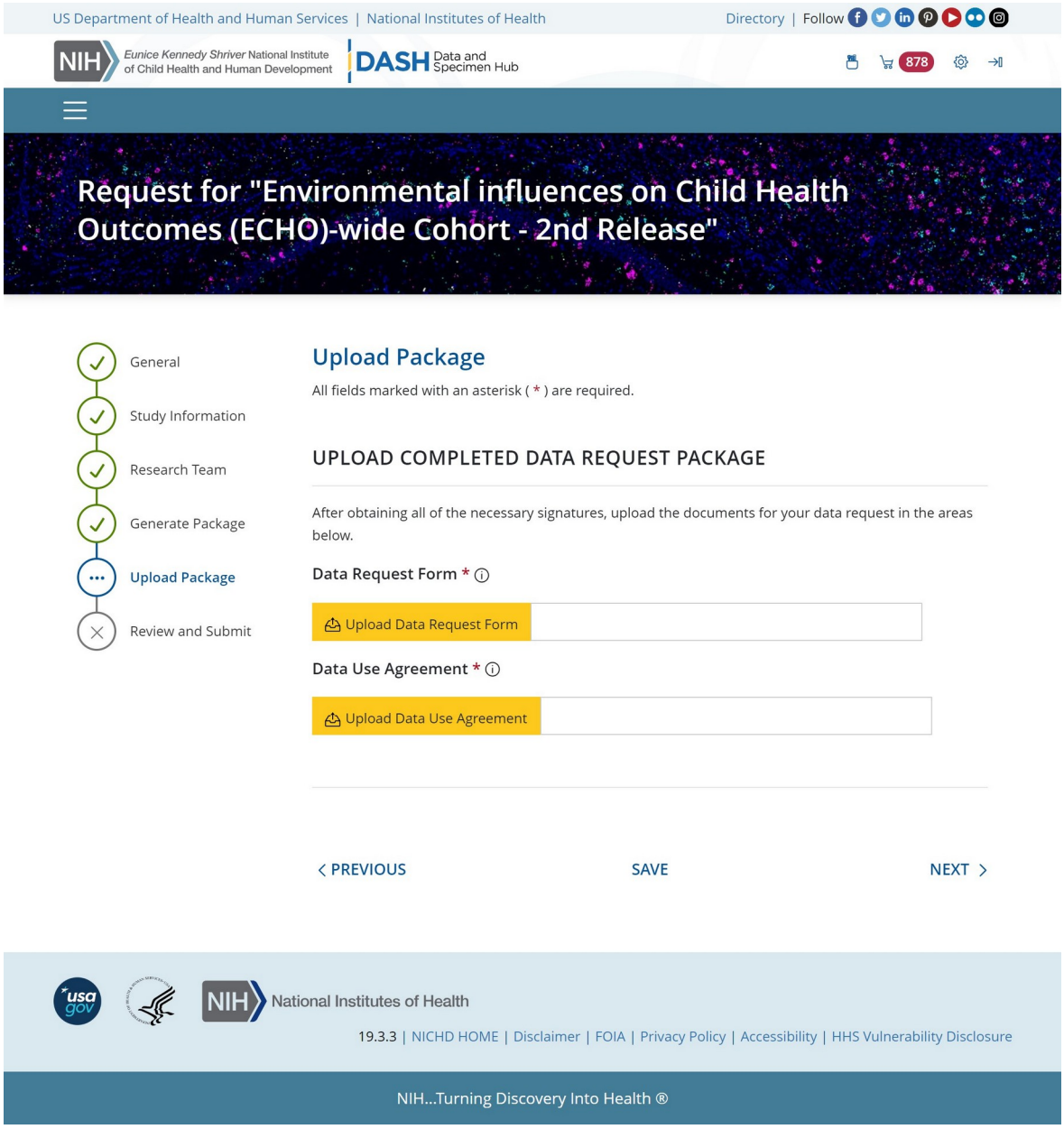
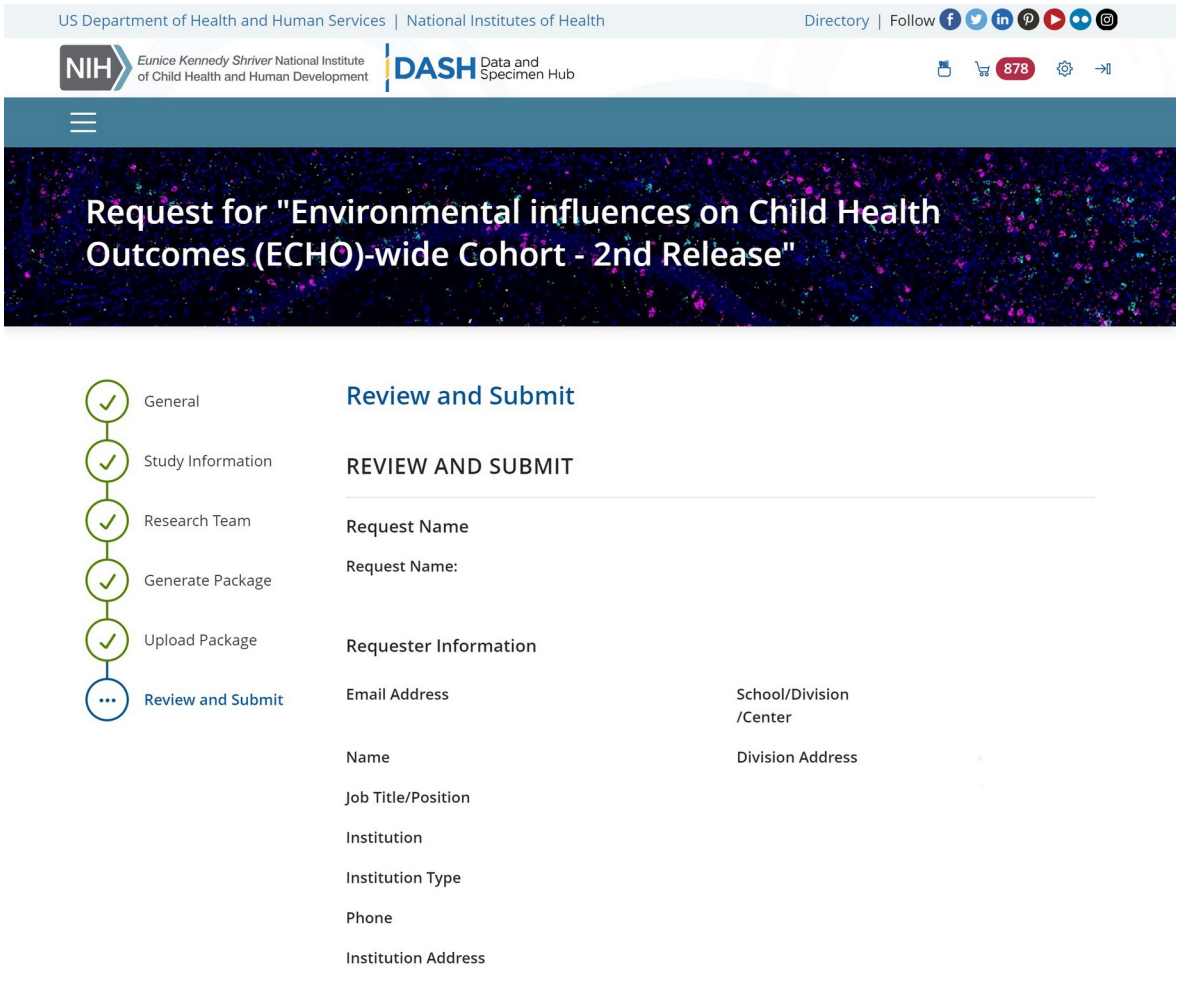
Review and Submit
Generate Package
All of the documentation required for your data request will be automatically generated when you click on "Confirm and Generate Package." Please review your entries and make any necessary changes before you click on "Confirm and Generate Package."
You will receive the 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.
< PREVIOUS
Confirm and Generate Package
NEXT >
National Institutes of Health
19.3.2 | NICHD HOME | Disclaimer | FOIA | Privacy Policy | Accessibility | HHS Vulnerability Disclosure
NIH...Turning Discovery Into Health ®


US Department of Health and Human Services | National Institutes of Health
Directory | Follow
NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development
DASH Data and Specimen Hub
878
Request for "Environmental influences on Child Health Outcomes (ECHO)-wide Cohort - 2nd Release"
General
Study Information
Research Team
Generate Package
Upload Package
Review and Submit
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 *
Upload Data Request Form
Data Use Agreement *
Upload Data Use Agreement
< PREVIOUS
SAVE
NEXT >
National Institutes of Health
19.3.3 | NICHD HOME | Disclaimer | FOIA | Privacy Policy | Accessibility | HHS Vulnerability Disclosure
NIH...Turning Discovery Into Health ®


US Department of Health and Human Services | National Institutes of Health
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Request for "Environmental influences on Child Health Outcomes (ECHO)-wide Cohort - 2nd Release"
General
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Research Team
Generate Package
Upload Package
Review and Submit
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:

Principal Investigator

Principal Investigator

Authorized Representative

Email Address

Name

Job Title/Position

Institution

Institution Type

Phone

Institution Address

School/Division /Center

Division 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."

< PREVIOUS SUBMIT