

Attachment A.2-9 – Data Request Renewal

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Eunice Kennedy Shriver National Institute of Child Health and Human Development Data and Specimen Hub

Renewal Request

OMB Control Number: 0925-0744
Expiration Date: 06/30/2024

- Renewal
- Generate Renewal Form
- Upload Renewal Form
- Renewal Submit

Renewal

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

REQUEST INFORMATION

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

REQUEST RENEWAL INFORMATION

The Authorized Representative for this DUA has changed *

Yes No

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 *

Phone Number

Job Title/Position

Please enter Phone Number

Division *

Select a division...

Reason for Renewal *

Please provide a reason for renewal

Please provide a reason for renewal (1024 characters)

SAVE

NEXT >

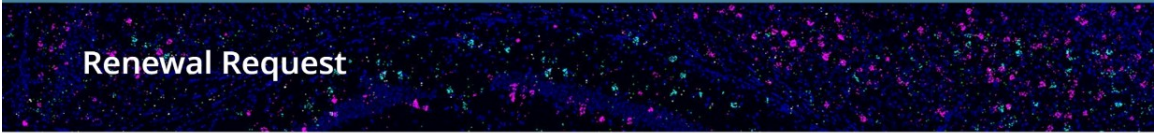
Public reporting burden for this collection of information is estimated to average ten minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency 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.







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-  Upload Renewal Form
-  **Renewal Submit**

Renewal Submit

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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

Reason for Renewal

REQUEST RENEWAL SUBMISSION

Your renewal request will be reviewed by the NICHD DASH Access Committee. You will be notified via email with the approval decision for your request.

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[SUBMIT](#)



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