

Data Access Request Application

Please complete the fields below to request access to data.

Step 1 Researcher Information

Step 2 Data Access Request

Step 3 Research Purpose Statement

Step 4 Data Use Agreement

Step 1: Researcher Information

1.1 Researcher*

Jonathan Lawson (Admin & DAC Member)

1.2 Researcher Identification

Please authenticate with RAS in order to proceed.

NIH RAS ID*

 Authenticate your account

Please make sure [Your Profile](#) is updated as it will be used to pre-populate parts of the Data Access Request

1.3 Principal Investigator

I certify that I am the principal investigator.

Principal Investigator Name*

Jonathan Lawson (Admin & DAC Member)

Principal Investigator Email*

jlawson@broadinstitute.org

Principal Investigator Country of Operation*

United States of America (the)

1.4 Internal Lab Staff

Please add Internal Lab Staff here. Internal Lab Staff are defined as users of data from this data access request, including any that are downloaded or utilized in the cloud. Please do not list External Collaborators or Internal Collaborators at a PI or equivalent level here. If your DAR is approved, you will be responsible for the appropriate use of the data by each individual listed in this section.

[Add Internal Lab Member](#)

1.5 Internal Collaborators

Please list Internal Collaborators here. Internal Collaborators are defined as individuals who are not under the direct supervision of the PI (e.g., not a member of the PI's laboratory) who assists with the PI's research project involving controlled-access data subject to the NIH GDS Policy. Internal collaborators are employees of the Requesting PI's institution and work at the same location/campus as the PI. Internal Collaborators must be at the PI or equivalent level and are required to have a Library Card and submit their own data access request.

[Add Internal Collaborator](#)

1.6 Institutional Signing Official*

I certify that the individual listed below is my Institutional Signing official

1.7 Information Technology (IT) Director

I certify that the individual listed below is my IT Director

IT Director Name*

IT Director Name

IT Director Email*

IT Director Email

1.8 Cloud Use Statement*

Will you perform all of your data storage and analysis for this project on the AnVIL?

☐ Yes ☐ No

1.9 External Collaborators

Please list External collaborators here. External Collaborators are individuals who are not employees of the Requesting PI's institution or do not work at the same location as the PI. They must be independently approved to access controlled-access data subject to the GDS Policy. While not required to have a Library Card, it is encouraged. External Collaborators must submit an independent DAR approved by their signing Official to collaborate on this project. They can add their Lab Staff via their DAR. Approval of this DAR does not indicate approval of the External Collaborators listed.

[Add External Collaborator](#)

Step 2: Data Access Request

2.1 Select Dataset(s)

DUOS000643 | DUOS 643-test

OMB No: 0925-0775
Expiration Date: 11/30/2028

Public reporting burden for this collection of information is estimated to average 30 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: RA (0925-0775). Do not return this collection of information to this address.

2.2 Descriptive Title of Project*

Please note that coordinated requests by External Collaborators should each use the same title.

In sections 2.3, 2.4, and 2.5, you are attesting that your proposed research will remain with the scope of the items selected below, and will be liable for any deviations. Further, it is to your benefit to be as specific as possible in your selections, as it will maximize the data available to you.

2.3 Research Use Statement (RUS)*

A RUS is a brief description of the applicant's proposed use of the dataset(s). The RUS will be reviewed by all parties responsible for data covered by this Data Access Request. Please note that if access is approved, you agree that the RUS, along with your name and institution, will be included on this website to describe your research project to the public. Please enter your RUS in the area below. The RUS should be one or two paragraphs in length and include research objectives, the study design, and an analysis plan (including the phenotypic characteristics that will be tested for association with genetic variants). If you are requesting multiple datasets, please describe how you will use them.

Please limit your RUS to 2200 characters.

Is the primary purpose of this research to investigate a specific disease(s)?

☐ Yes ☐ No

2.4 Non-Technical Summary*

Please enter below a non-technical summary of your RUS suitable for understanding by the general public (written at a high school reading level or below).

Please limit your non-technical summary to 1100 characters

2.5 Data Use Acknowledgements

Please confirm listed acknowledgements and/or document requirements below:

- ☐ I acknowledge that I have selected a dataset limited to use on genetic studies only (GSO). I attest that I will respect this data use condition.
- ☐ I acknowledge that I have selected a dataset which requires results of studies using the data to be made available to the larger scientific community (PUB). I attest that I will respect this data use condition.
- ☐ I acknowledge that the dataset can only be used in research consistent with the Data Use Limitations (DULs) and cannot be combined with other datasets of other phenotypes. Research uses inconsistent with DUL are considered a violation of the Data Use Certification agreement and any additional terms described in the addendum

One or more of the datasets you selected requires local IRB approval for use. Please upload your local IRB approval(s) here as a single document. When IRB approval is required and Expedited of Full Review is required, it must be completed annually. Determinations of Not Human Subjects Research (NHSR) by IRBs will not be accepted as IRB approval.

📎 Upload a file

Expiration Date:

Select a date
2026-09-16

Step 3: Research Purpose Statement

In order to ensure appropriate review, please answer the questions below:

I am proposing to:

Increase controls available for a comparison group (e.g. a case-control study). ☐ Yes ☐ No

Study variation in the general population (e.g. calling variants and/or studying their distribution). ☐ Yes ☐ No

Conduct research for an exclusively or partially commercial purpose. ☐ Yes ☐ No

Is this study:

Limited to one gender ☐ Yes ☐ No

Limited to a pediatric population (under the age of 18) ☐ Yes ☐ No

Targeting a vulnerable population as defined in 456 CFR (children, prisoners, pregnant women, mentally disabled persons, or ["SIGNIFICANTLY"] economically or educationally disadvantaged persons) ☐ Yes ☐ No

Does this research involve the study of:

Illegal behaviors (violence, domestic abuse, prostitution, sexual victimization) ☐ Yes ☐ No

Sexual preferences or sexually transmitted diseases ☐ Yes ☐ No

Psychological traits, intelligence, or attention ☐ Yes ☐ No

Correlating ethnicity, race, or gender with genotypic or phenotypic variables for purposes beyond biomedical or health-related research, or in ways not easily related to health ☐ Yes ☐ No

Stigmatizing illnesses ☐ Yes ☐ No

Data Use Agreements

DUOS Code of Conduct

Failure to abide by any term within this Code of Conduct may result in revocation of approved access to datasets obtained through these repositories. Investigators who are approved to access data agree to:

1. Use datasets solely in connection with the research project described in the approved Data Access Request for each dataset;
2. Make no attempt to identify or contact individual participants or groups from whom data were collected, or generate information that could allow participants' identities to be readily ascertained, without appropriate approvals from the submitting institutions;
3. Maintain the confidentiality of the data and not distribute them to any entity or individual beyond those specified in the approved Data Access Request;
4. Adhere to the NIH Security Best Practices for Controlled-Access Data Subject to the NIH Genomic Data Sharing Policy and ensure that only approved users can gain access to data files;
5. Acknowledge the Intellectual Property terms as specified in the Library Card Agreement;
6. Provide appropriate acknowledgement in any dissemination of research findings including the investigator(s) who generated the data, the funding source, accession numbers of the dataset, and the data repository from which the data were accessed; and,
7. Report any inadvertent data release, breach of data security, or other data management incidents in accordance with the terms specified in the [Library Card Agreement](#) and [NIH Data Use Certification](#).

By submitting this DAR you agree to all terms in the agreement(s) below, and you attest you are a permanent employee of your institution at a level equivalent to, at a minimum, a tenure-track professor or senior researcher. This does **not** include lab technicians or trainees, e.g., post-docs or graduate students. All DARs submitted and approved in DUOS are valid for 12 months. Researchers may submit a Progress Report to extend their access if necessary.

[Broad Library Card Agreement](#)

[NIH Library Card Agreement](#)

[NIH Data Use Certification Agreement](#)

Attest

Save