

Attachment A.2-9 – Data Request Renewal

US Department of Health and Human Services | National Institutes of Health

Directory | Follow      

 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

Title

First Name *

First Name

Last Name *

Last Name

M.I.

M.I.

Job Title/Position *

Job Title/Position

Phone Number

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.



National Institutes of Health

19.3.3 | NICHD HOME | Disclaimer | FOIA | Privacy Policy | Accessibility | HHS Vulnerability Disclosure

NIH...Turning Discovery Into Health ®



Renewal Request



Renewal



**Generate Renewal
Form**



Upload Renewal Form



Renewal Submit

Generate Renewal Form

The form required to renew your request will be automatically generated when you click on "Confirm and Generate" button. Please review your entries and make any necessary changes before you click on "Confirm and Generate" button

You will receive the AOR Modification Form/Request Renewal Form by email – please review it before you obtain the required signatures. The Requester is responsible for coordinating with all parties involved to collect the required signatures to complete the AOR Modification/renewal request.

[< PREVIOUS](#)

Confirm and Generate
Renewal

[NEXT >](#)



National Institutes of Health

[| NICHD HOME](#) | [Disclaimer](#) | [FOIA](#) | [Privacy Policy](#) | [Accessibility](#) | [HHS Vulnerability Disclosure](#)

NIH...Turning Discovery Into Health ®



Renewal Request

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

Upload Renewal Form

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

Upload Completed Request Renewal Form

After obtaining all necessary signatures, upload the form to renew your data request in the area below.

Renewal Form * 

 Upload Renewal Form

[< PREVIOUS](#)

[SAVE](#)

[NEXT >](#)



National Institutes of Health

[| NICHD HOME](#) | [Disclaimer](#) | [FOIA](#) | [Privacy Policy](#) | [Accessibility](#) | [HHS Vulnerability Disclosure](#)

NIH...Turning Discovery Into Health ®



Renewal Request



Renewal

Generate Renewal
Form

Upload Renewal Form



Renewal Submit

Renewal Submit

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

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.

[< PREVIOUS](#)

[SUBMIT](#)



National Institutes of Health

[| NICHD HOME](#) | [Disclaimer](#) | [FOIA](#) | [Privacy Policy](#) | [Accessibility](#) | [HHS Vulnerability Disclosure](#)

NIH...Turning Discovery Into Health ®