Create Data Access Request

Close

Guidelines for Data Request

OMB Control Number: 0925-0744
Expiration Date: 07/31/2027

To access study datasets in NICHD DASH, the Data Access Requester must complete and submit a Data Access Request (DAR). The Data Access Requester must be a permanent employee of their institution at a level equivalent to, but not limited to, that of an academic professor (e.g., assistant, associate, or non-tenure or tenure-track professor) or senior researcher (i.e., is not a postdoctoral fellow, student, or trainee). Once the DAR is submitted, a pdf will be created with the NICHD DASH Data Use Certification (DUC) as an Appendix. The Data Access Requester will download the DAR/DUC pdf, review and then digitally sign. The Institutional Signing Official will also digitally sign the DAR/DUC pdf. The Data Access Requester will upload the digitally signed DAR/DUC pdf for review by the NICHD DASH Data Access Committee.

To submit a Data Access Request renewal, select "renewal" in Section 1, review the auto populated DAR information, and make any necessary updates. DAR renewals must be digitally signed by the Data Access Requester and Institutional Signing Official prior to submission to the NICHD DASH Data Access Committee. The Data Access Request Progress Update must be submitted and approved prior to submitting a DAR renewal.

Expand/Collapse All

1. Request Information

AUTOPOP **Request Type:*** Data Access Request

Is this Data Access Request a Renewal or a New Request?* ○ New Request ◉ Renewal

Reason for Renewal:*

Requested Study Title(s):*

Add Studies

2. Request Identifier

AUTOPOP **Request ID:** 12345678

Request Name:*

3. Requester and Institutional Information

3A. Requester Information

AUTOPOP **Name:*** Firstname Lastname

AUTOPOP **Job Title/Position:*** Job Title

AUTOPOP **Affiliated Institution:*** Institution Name

AUTOPOP **Institution Type:*** Institution Type

AUTOPOP **Mailing Address:*** 123 Any Road, Arlington VA 22201

AUTOPOP **Email Address:*** firstname.lastname@institution.gov

AUTOPOP **Phone Number:** 123-456-7890

AUTOPOP **Institutional Division:** Institutional Division

3B. Institutional Signing Official

First Name:*

Last Name:*

Job Title/Position:* - Select One -

Other Job Title/Position:*

AUTOPOP **Affiliated Institution:*** Institution Name

Email Address:*

Phone Number:

4. Data Use Limitations

Data Requester ensures their research use aligns with any data use limitations per study as shown below.

- **Study Title**
  No
- **Study Title**
  No

5. Project Information

Request Project Title:*
Please enter a request project title that is less than 128 characters including spaces

Research Plan/Objectives:*
Please provide a brief description of the project to include research objectives/ aims/goals, hypothesis that will be tested, methodology to be used, and the expected outcomes. Include a description of how the proposed research use aligns with any data use limitations for the requested NICHD DASH studies.

Design and Analysis Plan:*
Please provide a brief description of the study design and analysis plan for the project.

6. Funding Information

Please click the button below to enter your funding information.

Add Funding Information | Edit Entry | Delete Entry

SELECT	FUNDING SOURCE	FUNDING INSTITUTION	FUNDING TYPE	FUNDING IDENTIFIER NUMBER
No data available in table.				

Showing to of 0 entries

First Previous 1 2 3 4 ... 10 Next Last

7. Research Team

Institutional Research Team

Will you work with an institutional research team for the project? Institutional research team members includes any internal collaborator, trainee, employee, or contractor within the same institution or corporation who will work on the proposed research project under the Data Access Requester.*

○ Yes
○ No

External Collaborators

Will you have External Collaborators as part of this Data Use Agreement? External Collaborators are individuals at other institutions under the supervision of other Principal Investigators working collaboratively on the same Research Plan.*

○ Yes
○ No

8. Security of NIH Controlled-access Data

By signing this Data Access Request, the Data Access Requester attests that the data will be secured in accordance with NIH Security Best Practices for Users of Controlled-Access Data. This includes attesting that the data will be used only in institutional IT systems and/or third-party IT systems that comply with National Institute of Standards and Technology (NIST) SP 800-171 "Protecting Controlled Unclassified Information in Nonfederal Information Systems and Organizations" or the equivalent ISO/IEC 27001/27002 "Information security, cybersecurity and privacy protection — Information security management systems — Requirements" and "Information security, cybersecurity and privacy protection — Information security controls" standards for non-U.S. users.

Please add an entry for each applicable IT system.*

Add System Information | Edit Entry

SELECT	IT SYSTEM TYPE	IT SYSTEM NAME	DATA SECURITY STANDARD	SYSTEM USE DESCRIPTION	EXTERNAL COLLABORATORS
No data available in table.					

Showing 0 to 0 of 0 entries

First Previous 1 2 3 4 ... 10 Next Last

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Submit Request | Save Draft Request | Cancel

Create Data Access Request

Close

Guidelines for Data Request

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Expand/Collapse All

1. Request Information

AUTOPOP **Request Type:*** Data Access Request

Is this Data Access Request a Renewal or a New Request?* (•) New Request ( ) Renewal

Requested Study Title(s):*

Add Studies

2. Request Identifier

AUTOPOP **Request ID:** 1234

Request Name:*

3. Requester and Institutional Inform

3A. Requester Information

AUTOPOP **Name:*** Firstn

AUTOPOP **Job Title/Position:*** Job T

AUTOPOP **Affiliated Institution:*** Instit

AUTOPOP **Institution Type:*** Instit

AUTOPOP **Mailing Address:*** 123 A

AUTOPOP **Email Address:*** firstn

AUTOPOP **Phone Number:** 123-456-7890

AUTOPOP **Institutional Division:** Institutional Division

3B. Institutional Signing Official

First Name:*

Last Name:*

Job Title/Position:* - Select One -

Other Job Title/Position:*

AUTOPOP **Affiliated Institution:*** Institution Name

Email Address:*

Phone Number:

Select Studies

Select one or more studies to add to your Data Access Request.

Search:

SELECT	STUDY TITLE	STUDY ABBREVIATION	DATASTORE ID	PI NAME
☐	Study Title That Is Short	StudyTitleShort	DASH-DATASTORE-0000123	Firstname Lastname
☐	Study Title That Is Very Long and Will Go To the Next Line	StudyTitleVeryLong	DASH-DATASTORE-0000234	Firstname Lastname
☐	Study Title 1	StudyTitle1	DASH-DATASTORE-0000345	Firstname Lastname
☐	Study Title 2	StudyTitle2	DASH-DATASTORE-0000456	Firstname Lastname
☐	Study Title That Is Short	StudyTitleShort	DASH-DATASTORE-0000123	Firstname Lastname
☐	Study Title That Is Very Long and Will Go To the Next Line	StudyTitleVeryLong	DASH-DATASTORE-0000234	Firstname Lastname
☐	Study Title 1	StudyTitle1	DASH-DATASTORE-0000345	Firstname Lastname
☐	Study Title 2	StudyTitle2	DASH-DATASTORE-0000456	Firstname Lastname
☐	Study Title 1	StudyTitle1	DASH-DATASTORE-0000345	Firstname Lastname
☐	Study Title 2	StudyTitle2	DASH-DATASTORE-0000456	Firstname Lastname

Showing 1 to 10 of 10 entries

First Previous 1 2 3 4 ... 10 Next Last

Save Selections Cancel

4. Data Use Limitations

Data Requester ensures their research use aligns with any data use limitations per study as shown below.

- **Study Title**
  No
- **Study Title**
  No

5. Project Information

Request Project Title:*
Please enter a request project title that is less than 128 characters including spaces

Research Plan/Objectives:*
Please provide a brief description of the project to include research objectives/ aims/goals, hypothesis that will be tested, methodology to be used, and the expected outcomes. Include a description of how the proposed research use aligns with any data use limitations for the requested NICHD DASH studies.

Design and Analysis Plan:*
Please provide a brief description of the study design and analysis plan for the project.

6. Funding Information

Please click the button below to enter your funding information.

Add Funding Information | Edit Entry | Delete Entry

SELECT	FUNDING SOURCE	FUNDING INSTITUTION	FUNDING TYPE	FUNDING IDENTIFIER NUMBER
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( ) Yes
( ) No

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( ) No

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Please add an entry for each applicable IT system.*

Add System Information | Edit Entry

SELECT	IT SYSTEM TYPE	IT SYSTEM NAME	DATA SECURITY STANDARD	SYSTEM USE DESCRIPTION	EXTERNAL COLLABORATORS
No data available in table.					

Showing 0 to 0 of 0 entries

First Previous 1 2 3 4 ... 10 Next Last

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Expand/Collapse All

1. Request Information

AUTOPOP **Request Type:*** — Data Access Request

Is this Data Access Request a Renewal or a New Request?* — (•) New Request ( ) Renewal

Requested Study Title(s):*

Add Studies

2. Request Identifier

AUTOPOP **Request ID:** — 12345678

Request Name:*

3. Requester and Institutional Information

3A. Requester Information

AUTOPOP **Name:*** — Firstname Lastname

AUTOPOP **Job Title/Position:*** — Job Title

AUTOPOP **Affiliated Institution:*** — Institution Name

AUTOPOP **Institution Type:*** — Institution Type

AUTOPOP **Mailing Address:*** — 123 Any Road, Arlington VA 22201

AUTOPOP **Email Address:*** — firstname.lastname@institution.gov

AUTOPOP **Phone Number:** — 123-456-7890

AUTOPOP **Institutional Division:** — Institutional Division

3B. Institutional Signing Official

First Name:*

Last Name:*

Job Title/Position:* — - Select One -

Other Job Title/Position:*

AUTOPOP **Affiliated Institution:*** — Institution Name

Email Address:*

Phone Number:

4. Data Use Limitations

Data Requester ensures their research use aligns with any data use limitations per study as shown below.

- **Study Title**
  No
- **Study Title**
  No

5. Project Information

Request Project Title:*
Please enter a request project title that is less than 128 characters including spaces

Research Plan/Objectives:*
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Design and Analysis Plan:*
Please provide a brief description of the study design and analysis plan for the project.

Add Funding Information

Funding Source: — - Select One -

Funding Institution: — - Select One -

Funding Type: — - Select One -

Funding Identifier Number:
Please enter N/A if unknown — Enter Funding Identifier Number

Save Cancel

6. Funding Information

Please click the button below to enter your funding information.

Add Funding Information | Edit Entry | Delete Entry

SELECT	FUNDING SOURCE	FUNDING INSTITUTION	FUNDING TYPE	FUNDING IDENTIFIER NUMBER
No data available in table.				

Showing to of 0 entries — First Previous 1 2 3 4 ... 10 Next Last

7. Research Team

Institutional Research Team

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( ) Yes
( ) No

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( ) No

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Please add an entry for each applicable IT system.*

Add System Information | Edit Entry

SELECT	IT SYSTEM TYPE	IT SYSTEM NAME	DATA SECURITY STANDARD	SYSTEM USE DESCRIPTION	EXTERNAL COLLABORATORS
No data available in table.					

Showing 0 to 0 of 0 entries — First Previous 1 2 3 4 ... 10 Next Last

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Submit Request | Save Draft Request | Cancel

Create Data Access Request

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Expand/Collapse All

1. Request Information

AUTOPOP **Request Type:*** — Data Access Request

Is this Data Access Request a Renewal or a New Request?* — (•) New Request ( ) Renewal

Requested Study Title(s):* —

Add Studies

2. Request Identifier

AUTOPOP **Request ID:** — 12345678

Request Name:* — Text field input

3. Requester and Institutional Information

3A. Requester Information

AUTOPOP **Name:*** — Firstname Lastname

AUTOPOP **Job Title/Position:*** — Job Title

AUTOPOP **Affiliated Institution:*** — Institution Name

AUTOPOP **Institution Type:*** — Institution Type

AUTOPOP **Mailing Address:*** — 123 Any Road, Arlington VA 22201

AUTOPOP **Email Address:*** — firstname.lastname@institution.gov

AUTOPOP **Phone Number:** — 123-456-7890

AUTOPOP **Institutional Division:** — Institutional Division

3B. Institutional Signing Official

First Name:* —

Last Name:* —

Job Title/Position:* — - Select One -

Other Job Title/Position:* —

AUTOPOP **Affiliated Institution:*** — Institution Name

Email Address:* —

Phone Number: —

4. Data Use Limitations

Data Requester ensures their research use aligns with any data use limitations per study as shown below.

- **Study Title**
  No
- **Study Title**
  No

5. Project Information

Request Project Title:*
Please enter a request project title that is less than 128 characters including spaces
Text field input

Research Plan/Objectives:*
Please provide a brief description of the project to include research objectives/ aims/goals, hypothesis that will be tested, methodology to be used, and the expected outcomes. Include a description of how the proposed research use aligns with any data use limitations for the requested NICHD DASH studies.
Lorem ipsum dolor … enim. Bibendum co … tum aenean commodo ut

Design and Analysis Plan:*
Please provide a brief description of the study design and analysis plan for the project.
Lorem ipsum dolor … ornare purus egest … imperdiet lobortis. … estas mollis amet. Sit molestie … bus. Est auctor egestas

Add Internal Research Team Member

First Name:* —
Last Name:* —
Middle Initial: —
Job Title/Position:* — - Select One -
Other Job Title/Position:* —
Project Role:* — - Select One -
Email:* —

Save | Cancel

6. Funding Information

Please click the button below to enter your funding information.

Add Funding Information | Edit Entry | Delete Entry

SELECT	FUNDING SOURCE	FUNDING INSTITUTION	FUNDING TYPE	FUNDING IDENTIFIER NUMBER
( )	NIH Extramural	Academic Institution	Contract	1 R01 CA 12345-01A1

Showing 1 to 1 of 1 entries — First Previous 1 2 3 4 … 10 Next Last

7. Research Team

Institutional Research Team

Will you work with an institutional research team for the project? Institutional research team members includes any internal collaborator, trainee, employee, or contractor within the same institution or corporation who will work on the proposed research project under the Data Access Requester.*

(•) Yes
( ) No

Add Collaborator | Edit Collaborator

SELECT	FIRST NAME	LAST NAME	MIDDLE INITIAL	JOB TITLE/POSITION	PROJECT ROLE	EMAIL
No data available in table.						

Showing 1 to 1 of 1 entries — First Previous 1 2 3 4 … 10 Next Last

External Collaborators

Will you have External Collaborators as part of this Data Use Agreement? External Collaborators are individuals at other institutions under the supervision of other Principal Investigators working collaboratively on the same Research Plan.*

( ) Yes
( ) No

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Please add an entry for each applicable IT system.*

Add System Information | Edit Entry

SELECT	IT SYSTEM TYPE	IT SYSTEM NAME	DATA SECURITY STANDARD	SYSTEM USE DESCRIPTION	EXTERNAL COLLABORATORS
No data available in table.					

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Expand/Collapse All

1. Request Information

AUTOPOP **Request Type:*** — Data Access Request

Is this Data Access Request a Renewal or a New Request?* — (•) New Request ( ) Renewal

Requested Study Title(s):* —

Add Studies

2. Request Identifier

AUTOPOP **Request ID:** — 12345678

Request Name:* — Text field input

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AUTOPOP **Job Title/Position:*** — Job Title

AUTOPOP **Affiliated Institution:*** — Institution Name

AUTOPOP **Institution Type:*** — Institution Type

AUTOPOP **Mailing Address:*** — 123 Any Road, Arlington VA 22201

AUTOPOP **Email Address:*** — firstname.lastname@institution.gov

AUTOPOP **Phone Number:** — 123-456-7890

AUTOPOP **Institutional Division:** — Institutional Division

3B. Institutional Signing Official

First Name:* —

Last Name:* —

Job Title/Position:* — - Select One -

Other Job Title/Position:* —

AUTOPOP **Affiliated Institution:*** — Institution Name

Email Address:* —

Phone Number: —

4. Data Use Limitations

Data Requester ensures their research use aligns with any data use limitations per study as shown below.

- **Study Title**
  No
- **Study Title**
  No

5. Project Information

Request Project Title:* — Text field input

Please enter a request project title that is less than 128 characters including spaces

Research Plan/Objectives:* — Lorem ipsum dolor sit amet consectetur. Eget neque velit vestibulum velit nisl pellentesque. Nibh scelerisque nulla mattis curabitur. Elementum aenean commodo ut enim. Bibendum convallis porta quis sed sit tellus volutpat sapien accumsan.

Please provide a brief description of the project to include research objectives/ aims/goals, hypothesis that will be tested, methodology to be used, and the expected outcomes. Include a description of how the proposed research use aligns with any data use limitations for the requested NICHD DASH studies.

Design and Analysis Plan:* — Lorem ipsum dolor sit amet consectetur. Egestas metus mauris suscipit nunc dolor non nullam. Laoreet lobortis enim eu diam eget auctor egestas mollis amet. Sit molestie ornare purus egestas imperdiet viverra et. Duis cras nunc non justo eget sit diam magna. Nibh sit morbi condimentum ut tempus lectus faucibus. Est auctor egestas imperdiet lobortis. Mattis in non urna dui mattis diam commodo praesent.

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Add Funding Information | Edit Entry | Delete Entry

SELECT	FUNDING SOURCE	FUNDING IDENTIFIER NUMBER
( )	NIH Extramural	1 R01 CA 12345-01A1

Showing 1 to 1 of 1 entries — First Previous 1 2 3 4 ... 10 Next Last

7. Research Team

Institutional Research Team

Will you work with an institutional research team for the project? proposed research project under the Data Access Requester.* — **he same institution or corporation who will work on the**

(•) Yes
( ) No

Add Collaborator | Edit Collaborator

SELECT	FIRST NAME	LAST NAME	MIDDLE INITIAL	JOB TITLE/POSITION	PROJECT ROLE	EMAIL
( )	John	Smith	N/A	Principal Investigator	PI	john.smith@nih.gov

Showing 1 to 1 of 1 entries — First Previous 1 2 3 4 ... 10 Next Last

External Collaborators

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(•) Yes
( ) No

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Add System Information | Edit Entry

SELECT	IT SYSTEM TYPE	IT SYSTEM NAME	DATA SECURITY STANDARD	SYSTEM USE DESCRIPTION	EXTERNAL COLLABORATORS
No data available in table.					

Showing 0 to 0 of 0 entries — First Previous 1 2 3 4 ... 10 Next Last

Add Data Security Information

Will the data be used in an Institutional IT system or Third-Party IT System?* — - Select One -

Name of IT system where data will be stored.* —

Which data security standard is the system compliant with?* — - Select One -

Please describe how the system will be used in support of the Research Plan.* —

Will External Collaborators (Data Access Requesters outside of your institution or corporation) be accessing NICHD DASH data in the IT System named above?* — ( ) Yes ( ) No

Save | Cancel

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To access study datasets in NICHD DASH, the Data Access Requester must complete and submit a Data Access Request (DAR). The Data Access Requester must be a permanent employee of their institution at a level equivalent to, but not limited to, that of an academic professor (e.g., assistant, associate, or non-tenure or tenure-track professor) or senior researcher (i.e., is not a postdoctoral fellow, student, or trainee). Once the DAR is submitted, a pdf will be created with the NICHD DASH Data Use Certification (DUC) as an Appendix. The Data Access Requester will download the DAR/DUC pdf, review and then digitally sign. The Institutional Signing Official will also digitally sign the DAR/DUC pdf. The Data Access Requester will upload the digitally signed DAR/DUC pdf for review by the NICHD DASH Data Access Committee.

To submit a Data Access Request renewal, select "renewal" in Section 1, review the auto populated DAR information, and make any necessary updates. DAR renewals must be digitally signed by the Data Access Requester and Institutional Signing Official prior to submission to the NICHD DASH Data Access Committee. The Data Access Request Progress Update must be submitted and approved prior to submitting a DAR renewal.

Expand/Collapse All

1. Request Information

AUTOPOP **Request Type:*** Data Access Request

Is this Data Access Request a Renewal or a New Request?* (•) New Request ( ) Renewal

Requested Study Title(s):*

Add Studies

2. Request Identifier

AUTOPOP **Request ID:** 12345678

Request Name:* Text field input

3. Requester and Institutional Information

3A. Requester Information

AUTOPOP **Name:*** Firstname Lastname

AUTOPOP **Job Title/Position:*** Job Title

AUTOPOP **Affiliated Institution:*** Institution Name

AUTOPOP **Institution Type:*** Institution Type

AUTOPOP **Mailing Address:*** 123 Any Road, Arlington VA 22201

AUTOPOP **Email Address:*** firstname.lastname@institution.gov

AUTOPOP **Phone Number:** 123-456-7890

AUTOPOP **Institutional Division:** Institutional Division

3B. Institutional Signing Official

First Name:*

Last Name:*

Job Title/Position:* - Select One -

Other Job Title/Position:*

AUTOPOP **Affiliated Institution:*** Institution Name

Email Address:*

Phone Number:

4. Data Use Limitations

Data Requester ensures their research use aligns with any data use limitations per study as shown below.

- **Study Title**
  No
- **Study Title**
  No

5. Project Information

Request Project Title:*
Please enter a request project title that is less than 128 characters including spaces
Text field input

Research Plan/Objectives:*
Please provide a brief description of the project to include research objectives/ aims/goals, hypothesis that will be tested, methodology to be used, and the expected outcomes. Include a description of how the proposed research use aligns with any data use limitations for the requested NICHD DASH studies.
Lorem ipsum dolor sit amet consectetur. Eget neque velit vestibulum velit nisl pellentesque. Nibh scelerisque nulla mattis curabitur. Elementum aenean commodo ut enim. Bibendum convallis porta quis sed sit tellus volutpat sapien accumsan.

Design and Analysis Plan:*
Please provide a brief description of the study design and analysis plan for the project.
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6. Funding Information

Please click the button below to enter your funding information.

Add Funding Information | Edit Entry | Delete Entry

SELECT	FUNDING SOURCE	FUNDING IDENTIFIER NUMBER
( )	NIH Extramural	1 R01 CA 12345-01A1

Showing 1 to 1 of 1 entries — First Previous 1 2 3 4 ... 10 Next Last

7. Research Team

Institutional Research Team

Will you work with an institutional research team for the project? proposed research project under the Data Access Requester:* **…e same institution or corporation who will work on the**

(•) Yes
( ) No

Add Collaborator | Edit Collaborator

SELECT	FIRST NAME	LAST NAME	…	EMAIL
( )	John	Smith		john.smith@nih.gov

Showing 1 to 1 of 1 entries — First Previous 1 2 3 4 ... 10 Next Last

External Collaborators

Will you have External Collaborators as part of this Data Use Agreement? External Collaborators are individuals at other institutions under the supervision of other Principal Investigators working collaboratively on the same Research Plan.*

(•) Yes
( ) No

8. Security of NIH Controlled-access Data

By signing this Data Access Request, the Data Access Requester attests that the data will be secured in accordance with NIH Security Best Practices for Users of Controlled-Access Data. This includes attesting that the data will be used only in institutional IT systems and/or third-party IT systems that comply with National Institute of Standards and Technology (NIST) SP 800-171 "Protecting Controlled Unclassified Information in Nonfederal Information Systems and Organizations" or the equivalent ISO/IEC 27001/27002 "Information security, cybersecurity and privacy protection — Information security management systems — Requirements" and "Information security, cybersecurity and privacy protection — Information security controls" standards for non-U.S. users.

Please add an entry for each applicable IT system.*

Add System Information | Edit Entry

SELECT	IT SYSTEM TYPE	IT SYSTEM NAME	DATA SECURITY STANDARD	SYSTEM USE DESCRIPTION	EXTERNAL COLLABORATORS
No data available in table.					

Showing 0 to 0 of 0 entries — First Previous 1 2 3 4 ... 10 Next Last

Add Data Security Information

Will the data be used in an Institutional IT system or Third-Party IT System?* - Select One -

Name of IT system where data will be stored.*

Which data security standard is the system compliant with?* - Select One -

If Other, please describe:*

Please describe how the system will be used in support of the Research Plan.*

Will External Collaborators (Data Access Requesters outside of your institution or corporation) be accessing NICHD DASH data in the IT System named above?* (•) Yes ( ) No

If yes, describe how External Collaborators will use the IT System:*

Save | Cancel

ⓘ Once you submit your Data Access Request, it is reviewed for completeness by the DASH Operations Team and you will receive an e-mail when the PDF of the DAR/DUC is ready for download. Go to the Files Tab in your Account Profile to download the PDF, obtain digital signatures, and upload signed document for DAC review.

Submit Request | Save Draft Request | Cancel