

Accessclinicaldata@NIAID
NIAID Data Access Request Form

- *To access data, a Data Access Request (DAR) is required to be submitted to NIAID by the requestor using this electronic DAR form as part of the request access process found on the **Accessclinicaldata@NIAID** data platform and will be reviewed by the NIAID Clinical Trials Data Access Committee.*
- *Upon approval of the DAR by NIAID and prior to accessing the data set, the primary requestor and their institution will be notified and required to agree to and sign a NIAID Data Use Agreement (DUA) found on the **Accessclinicaldata@NIAID** data platform that outlines the terms of the use of the data.*

*** required**

Requestor's Information

*First Name, Middle Name, *Last Name

*Email Address

ORCID ID

*Address

*Degree

*Position/Title

*Department/Branch

*Institution

Requestor's Institutional Signing Official Information

*First Name, Middle Name, *Last Name

*Email Address

*Phone Number

*Address

*Position/Title

*Department/Branch

*Institution

Additional Internal Staff and Collaborators' Information

Will additional internal staff or collaborators have access to the data?*

If yes, it is required that primary requestor provides the information below for any internal staff and collaborators at your institution who will have access to the approved data sets; Data Users outside of your institution will be required to submit a separate DAR for review and approval and approved user and their institution will be required to sign a separate DUA.

*Full name, *Email Address, *Degree, *Position/Title, *Department, Institution

Data Request*

NIAID Adaptive COVID-19 Treatment Trial (ACTT)

Research Use Statement (limit to 3500 characters)*

The Research Use Statement should include the following:

- *Research Project Title*

- *Objectives of the proposed research project*
- *Study design*
- *Describe how requested dataset is consistent with the objectives of the proposed research project*
- *Analysis plan*