ICDC Data Submission Request Template

Please complete the following document and send to: [icdchelpdesk@mail.nih.gov](mailto:icdchelpdesk@mail.nih.gov). Please include a narrative describing your study and its scientific benefit for inclusion in the ICDC.

Please include the following information along with the narrative:

1. Name/Identifier of Study
2. Grant ID and funding source (if applicable)
3. IACUC/IRB approval numbers (if applicable)
4. Scientific Point of Contact (Name, Phone, Email)
5. Data Manager Point of Contact (Name, Phone, Email)
6. Data access policy (choose one): Open-access – no-embargo, Controlled-access – no embargo, Open-access – embargo, Controlled-access - embargo
7. Cancer type(s) included in study
8. Number of subjects included in study
9. Sample Source (e.g., CCOGC, other biospecimen repository, self-collected) - if other than self-collected, those identifiers will be required during submission.
10. If self-collected, was a replicate sample also submitted to another biospecimen repository (e.g., CCOGC). If so, those identifiers will be required during submission.
11. Data types included in study (check all that apply): Imaging, genomics, proteomics, immunology, clinical, other (specify)
12. Amount of data (in TB)
13. The overall scientific benefit of including this study in the ICDC prototype.
14. Any publications associated with this study, if any.
15. Time constraints on processing/loading/releasing the data
16. Data standards used, if any (e.g., SEND)
17. Anticipated budget needed to prepare data set for submission.

Please attach (if available):

1. Data Dictionary

2. Data Model/Schema diagram indicating how collected data relates to subjects, visits, samples, etc.