

Date: _____

Data Request Form

As a condition of receiving the limited access _____ dataset (the “Dataset”), the requesting investigator and his/her institution or employer must agree to the following terms and conditions:

- The Dataset will be used only for the research purposes described below.
- The original study PI, the initial primary study publication, and the NINDS will be acknowledged in any publication derived from the Dataset and the requestor will work with the original PI, as appropriate.
- Sharing the Dataset with third parties is not permitted without the prior, written approval of NINDS.
- Results of the research should be shared with the public.
- Processes, methods, and tools developed from use of the Dataset must be put in the public domain and available to the community within a reasonable time after conclusion of the research.
- The Dataset will be destroyed at the end of the research project.
- The Dataset is de-identified. NINDS has no obligation to provide any support, guidance, or assistance regarding use of the Dataset.

THE DATASET IS PROVIDED "AS IS", WITHOUT WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NONINFRINGEMENT. IN NO EVENT SHALL NINDS BE LIABLE FOR ANY CLAIM, DAMAGES OR OTHER LIABILITY OF ANY KIND. USE OF THE DATASET BY RECIPIENT IS AT RECIPIENT’S OWN RISK.

1. Name of study from which data are being requested: *[Insert full Study Name, Principal Investigator's Name, and NCT ClinicalTrials.gov Identifier, if applicable]*

2. Requestor information:

- *[Insert Name and Title]*
- *[Insert Affiliation]*
- *[Insert Name of Requestor Organization]*
- *[Insert E-mail Address]*
- *[Insert Telephone Number]*
- *[Insert Fax Number]*

Requestor's Authorized Institutional or Entity Official:

[Insert Name and Title, required]

3. Please select the format you would like to receive the data (please note data may be available in limited formats) :

_____ SAS _____ ASCII _____ PDF
_____ Excel Other (Specify): _____

4. Scientific Purpose of Request:

[Please describe Study Goals/Scientific Aims]

5. Expected duration of the project: _____

6. Communication with NINDS about this project should be directed to:

CRLiaison@ninds.nih.gov

SIGNATURES

The following signatures acknowledge that the Dataset will be used only for the purpose(s) and under the terms and conditions that are described above.

Requestor's Signature

Date

Print Requestor's Name

Date

Requestor's Authorized Institutional or Entity Official's Signature
an authorized signature is required

Date

Print Requestor's Authorized Institutional or Entity Official's Name

Date

For NINDS Internal Review Purposes

Request approved: _____

Request not approved: _____ Reason _____

Name and Title of NINDS Authorized Representative: _____

NINDS Authorized Representative's Signature

Date