**Data Request Form**

**GOG/NRG-259: The WRITE Symptoms Study**

Your Name:

Your Email Address:

Department:

Institution:

Description of Proposed Research Including:

Purpose and rationale:

Research Question and Specific Aims:

Subjects:

Variables of interest:

Brief description of analytic plan:

IRB approval date and number

Funded?:

If Yes, Funding Source:

By submitting this document you must agree to the following:

1. All data will be used in accordance with the Code of Ethics of the American Psychological Association.
2. I agree to provide a detailed description of my procedures and results as soon as possible after the completion of the research.
3. I agree that whenever data is presented in any fashion that the following acknowledgement will be included:

*“The data included in this analysis were collected as part of the WRITE Symptoms Study (GOG/NRG Oncology-259), supported by a grant from the National Institutes of Health, National Institute of Nursing Research NIH-NINR R01NR010735-NRG Oncology GOG-259 (P.I. Heidi Donovan) and NIH-NCI grants to NRG Oncology (U10CA180822), NRG Operations (U10CA180868), and UG1CA189867 (NCORP).*

1. Negotiation of authorship with PIs of th original data set should be performed prior to data analysis.

Data Requested by:

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| --- | --- |
|  |  |
| Your Name | Date |
|  | |
| Your Signature | |

Approved by:

|  |  |
| --- | --- |
|  |  |
| Name (PI) | Date |

Data dissemination from this analysis:

|  |  |
| --- | --- |
|  |  |
| Title and forum for dissemination | Date copy received by project team |
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| Title and forum for dissemination | Date copy received by project team |
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