# BG Dataset Access Request Form

(Print, fill in, sign by hand, scan as PDF, and submit by email.)

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**Submission Instructions**

- Save this form as a PDF after completion (handwritten signatures required).
- Email the signed PDF to **Yilong Wang** and **cc Zexing Zhang**. (Fill in their email addresses below if needed.)
- Recommended attachments (if applicable): IRB/ethics approval or exemption letter; team member list; data management plan.

**Maintainer Emails (to be completed if not already known)**

| To (Maintainer): Yilong Wang | Email: _____ |
|---|---|
| CC: Zexing Zhang | Email: _____ |

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**(1) Email Template (copy/paste into your email)**

**Subject:** Request for Access to the BG Dataset (PPG-based Blood Glucose Benchmark)

Dear Dr. Wang,

*(cc: Dr. Zhang)*

I am writing to request access to the **BG Dataset** (a benchmark dataset pairing **PPG signals**, **fingertip blood glucose** measurements, and **cuff blood pressure** values). I understand that access is granted after review of a completed access request form. Please find the signed form attached.

**Request Summary**
- **Institution:** _____
- **Project title:** _____
- **Principal Investigator (PI):** _____ **Role/Title:** _____
- **Primary contact email:** _____
- **Intended access period:** _____ to _____

We commit to the following: (i) use the data only for the described purpose; (ii) not attempt to identify or re-identify any individuals; (iii) not redistribute the raw data or reversible derivatives; (iv) implement reasonable administrative/technical safeguards; (v) appropriately acknowledge and cite the dataset and the accompanying paper(s) in any publications, and share a link to the resulting work when feasible; and (vi) delete the data upon project completion or upon request, providing deletion attestation if needed.

Thank you for your time and consideration.

Sincerely,

**Name:** _____
**Title/Role:** _____

**Institution:** _____

**Signature (typed):** _____

**Date:** _____

## (2) Application Details

### A. Applicant Information

| | |
|---|---|
| Institution / Organization | _____ |
| Department / Lab | _____ |
| Principal Investigator (PI) | Name: _____ Role/Title: <br> _____ |
| Mailing Address | _____ |
| Primary Contact | Name: _____ <br> Email: _____ Phone: <br> _____ |
| GitHub Username (if access is granted via GitHub) | _____ |

### B. Dataset Requested

| | |
|---|---|
| ❑ | BG Dataset (PPG + fingertip blood glucose + cuff blood pressure) |
| ❑ | Other (specify): _____ |

### C. Intended Use

| | |
|---|---|
| Use Category | ❑Academic / Non-profit  ❑Commercial / Industry  ❑Teaching <br> ❑Other: _____ |
| Project description (200–400 words) | _____ |
| Data modalities needed | ❑PPG  ❑Blood Glucose  ❑Blood Pressure  ❑Metadata <br> ❑Other: _____ |
| Expected outputs | ❑Papers  ❑Code/Models  ❑Reports  ❑Other: _____ |
| Planned start date | _____ |
| Planned end date | _____ |

### D. Ethics & Compliance

| | |
|---|---|
| Does your project require IRB/ethics review? | ❑Yes  ❑No  ❑Exempt / Not human-subjects |
| IRB/Ethics ID (if applicable) | _____ |
| Do you agree to comply with the dataset terms? | ❑Yes, I agree  ❑No |

### E. Data Security & Management

Check all controls you will use and add brief details.

| | |
|---|---|
| ❑ | Access control (approved team members only): _____ |
| ❑ | Encryption at rest: _____ |
| ❑ | Encryption in transit (e.g., HTTPS/SFTP/VPN): _____ |
| ❑ | Backup & recovery plan: _____ |
| ❑ | Retention & deletion plan (date/method): _____ |

### F. Attestations

The applicant (including all team members who will access the data) agrees to:

1. Use the data only for the purpose described in this request; re-apply if the purpose changes.

2. Not attempt to identify or re-identify any individual, including via linkage with other datasets.
3. Not redistribute, share, or publicly release the raw data or any reversible derivatives.
4. Implement reasonable safeguards to protect the data and promptly notify the maintainers of any suspected breach or unauthorized access.
5. Properly acknowledge and cite the BG Dataset and the accompanying paper(s) in any publications/products, and share links to outputs when feasible.
6. Delete the data upon project completion or upon the maintainers' request, and provide deletion attestation if requested.

## G. Signatures (handwritten)

| PI Signature | _____ |
|---|---|
| Date | _____ |
| PI Printed Name | _____ |
| Department Head / Supervisor (optional) | _____ |
| Date | _____ |
| Data Security Officer (optional) | _____ |
| Date | _____ |

## H. Attachments Checklist (if applicable)

| ❏ | IRB/ethics approval letter or exemption determination |
|---|---|
| ❏ | Team member list (names + emails) |
| ❏ | Data management plan |
| ❏ | Other: _____ |

*For maintainer use only:*   Decision: ❏Approved ❏Denied   Date: _____   Notes: _____