



LAGOS STATE UNIVERSITY, OJO
DATA SCIENCE AND MEDICAL IMAGE
ANALYSIS TRAINING IN NIGERIA (DATICAN)



DATICAN
Data Science And Medical Image
Analysis Training In Nigeria

DATA REQUEST FORM

1. Name of Requestor: _____
2. Official Address of the Requestor: _____
3. Role of the Requestor in the Project: _____
4. Project Title: _____

5. A short description of the Project (Maximum of 100 words): _____

6. Provide a temporary author list for a potential journal article:

7. Propose a journal name for the potential article: _____

8. Propose the article title: _____

9. Describe the type of data needed, including variable names, etc. If necessary, use an extra sheet: _____
10. Signature of the Requestor and Date: _____
11. Name, Signature and Date of Supervisor: _____
12. Recommendation of the Data Manager: _____
_____ Sign. & Date: _____
13. The decision of the Program Director: _____
_____ Sign. & Date: _____