



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: _____

 13. The decision of the Program Director: _____