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| Department of Health and Human Services National Institute of Allergy and Infectious Diseases ImmPort Data Request Do not exceed character length restrictions indicated. | | | | | | | | | **LEAVE BLANK—FOR NIAID USE ONLY**. | | | | | | | | |
| Number | | | | | | | | |
| Date Request Received | | |  | | | | | |
| Reviewed By | | | Date Approved | | | | | |
| 1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)* | | | | | | | | | | | | | | | | | |
| 2. Name of data set requested. Please identify the data set by ImmPort experiment accession number and title. | | | | | | | | | | | | | | | | | |
| Accession Number: | | |  | Data Set Title: | | |  | | | | | | | | | | |
| **3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR \*\*\* Include Biosketch** | | | | | | | | | | | | | | | | | |
| 3a. NAME (Last, first, middle) | | | | | | | | | 3b. DEGREE(S) | | | | | | | | |
|  | | | | | | | | |  |  |  | | | | | | |
| 3c. POSITION TITLE | | | | | | | | | 3d. MAILING ADDRESS *(Street, city, state, zip code)* | | | | | | | | |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | | | | | | |
| 3f. MAJOR SUBDIVISION | | | | | | | | |
| 3g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | | | | | | E-MAIL ADDRESS: | | | | | | | | |
| TEL: |  | | | | FAX: |  | | |  | | | | | | | | |
| 4. APPLICANT ORGANIZATION | | | | | | | | | 5. TYPE OF ORGANIZATION | | | | | | | | |
| Name | |  | | | | | | | Public: **→**  Federal  State  Local | | | | | | | | |
| Address | |  | | | | | | | Private: **→**  Private Nonprofit | | | | | | | | |
| For-profit: **→**  General  Small Business  Woman-owned  Socially and Economically Disadvantaged | | | | | | | | |
| 6. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION | | | | | | | | |  | | | | | | | | |
| Name | |  | | | | | | |  | | | |  | | | | |
| Title | |  | | | | | | |  | | | |  | | | | |
| Address | |  | | | | | | |  | | | |  | | | | |
| Tel: |  | | | | | | FAX: |  |  | | | | |  | |  |  | |
| E-Mail: | |  | | | | | | |  | | | |  | | | | |
| I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with NIAID terms and conditions.  SIGNATURE OF OFFICIAL NAMED IN 6.  *(In ink. “Per” signature not acceptable.)* | | | | | | | | | SIGNATURE OF REQUESTOR NAMED IN 3a.  *(In ink. “Per” signature not acceptable.)* | | | | | | DATE | | |

ImmPort Data Release Form Face Page **Form Page 1**

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| **List other investigators at your institution that wil have access to the data set requested. Collaborating investigators at different institutions MUST submit separate request forms.** | | | | | | | |
|  | | | | | | | |
| 1a. NAME (Last, first, middle) | | | | 1b. DEGREE(S) | | |  |
|  | | | |  |  |  |  |
| 1c. POSITION TITLE | | | | 1d. MAILING ADDRESS *(Street, city, state, zip code)* | | | |
| 1e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | |
| 1f. MAJOR SUBDIVISION | | | |
| 1g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | E-MAIL ADDRESS: | | | |
| TEL: |  | FAX: |  |  | | | |
|  | | | |  | | | |
| 1a. NAME (Last, first, middle) | | | | 1b. DEGREE(S) | | |  |
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| 1c. POSITION TITLE | | | | 1d. MAILING ADDRESS *(Street, city, state, zip code)* | | | |
| 1e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | |
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|  | | | |  | | | |
| 1a. NAME (Last, first, middle) | | | | 1b. DEGREE(S) | | |  |
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| 1c. POSITION TITLE | | | | 1d. MAILING ADDRESS *(Street, city, state, zip code)* | | | |
| 1e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | |
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|  | | | |  | | | |
| 1a. NAME (Last, first, middle) | | | | 1b. DEGREE(S) | | |  |
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| 1c. POSITION TITLE | | | | 1d. MAILING ADDRESS *(Street, city, state, zip code)* | | | |
| 1e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | | | |
| 1f. MAJOR SUBDIVISION | | | |
| 1g. TELEPHONE AND FAX *(Area code, number and extension)* | | | | E-MAIL ADDRESS: | | | |
| TEL: |  | FAX: |  |  | | | |

Face Page-continued **Form Page 1-continued**

**Project Description:**

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|  |
| Brief summary of project goals (no more than 500 characters) |
| Relevance to biomedical research (no more than 500 characters) |
| Detailed description for planned analysis of the data (no more than 1000 characters) |
| Reference to publications documenting the requestor’s prior experience with the proposed methods |
|  |
| Reference to other scientific literature (no more than 15 references) |
| Potential pitfalls with the analysis and alternative approaches (no more than 500 characters) |
|  |
| Anticipated timeline for data analysis |
| Resources available to complete the analysis of the data |
|  |

Page 2 **Form Page 2**

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| IRB in support of proposed study: | | |
| Copy of IRB Approval Document | IRB Approval not required |  |
| I have read and do agree to honor the Genomic Data Use Code of Conduct defined by dbGAP and also applied to ImmPort (<https://dbgap.ncbi.nlm.nih.gov/aa/GWAS_Code_of_Conduct.html>) | | |
| I have read and do agree to honor the Security Procedures for Handling Genomic Data defined by dbGAP and also applied to ImmPort (<http://www.ncbi.nlm.nih.gov/projects/gap/cgi-bin/GetPdf.cgi?document_name=dbgap_2b_security_procedures.pdf>)  I agree to send a yearly progress report to the NIAID Data Access Committee, on the anniversary dates following date of initial access.  I agree to destroy the data after completing the analysis and to notify the NIAID Data Access Committee once the data are destroyed. | | |
| **DISCLOSURE STATEMENT:**  If this request is approved, the Government is permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?  I agree | | |

**All applications should be scanned and emailed to:**  [immport\_gt\_request@niaid.nih.gov](mailto:immport_gt_request@niaid.nih.gov) **together with The Requestor’s Biosketch**