**Data Request Form**

**Request number: REQ-xxx**

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| Data requested |
| Dataset title |  |
| Link |  |
| Data Use Restrictions*The use of the dataset is restricted by following use restrictions. The DAC will validate compliance to these use restrictions before the access approval*. |
| Use Restriction Category[*GA4GH Data Use Category Codes*](https://www.ga4gh.org/wp-content/uploads/DataUseBeacon_160209_tab_0.pdf) | Details |
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**Requesting party details**

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| Project Lead/Principal Investigators |
| Title *(Prof., Mrs., Dr., ...)* |  |
| Name and Surname |  |
| Position |  |
| Institutional email |  |
| Phone number |  |
| Affiliated Institution |  |

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| Names of authorized personnel in requestor institution*List of personnel having access to the dataset* |
| Person 1 |
| Title *(Prof., Mrs., Dr., ...)* |  |
| Name and Surname |  |
| Position |  |
| Institutional email |  |
| Phone number |  |
| Affiliated Institution |  |
| Person 2 |
| Title *(Prof., Mrs., Dr., ...)* |  |
| Name and Surname |  |
| Position |  |
| Institutional email |  |
| Phone number |  |
| Affiliated Institution |  |
| Person 3 |
| Title *(Prof., Mrs., Dr., ...)* |  |
| Name and Surname |  |
| Position |  |
| Institutional email |  |
| Phone number |  |
| Affiliated Institution |  |

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| Names of personnel in requestor institution (additional contacts)*Include the contact details for the IT Manager and Data Protection Officer of the requestor institution. They will be notified over the course of the data access process.* |
| Data Protection Officer |
| Title *(Prof., Mrs., Dr., ...)* |  |
| Name and Surname |  |
| Position |  |
| Institutional email |  |
| Phone number |  |
| Affiliated Institution |  |
| IT Manager |
| Title *(Prof., Mrs., Dr., ...)* |  |
| Name and Surname |  |
| Position |  |
| Institutional email |  |
| Phone number |  |
| Affiliated Institution |  |

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| Research Project Details |
| Project Title |  |
| Project website |  |
| Research ethics approval number*(if the ethics approval does not exists for the project please include the justification)* |  |
| Project purpose and aims*(please provide an abstract that can be published on Elixir web-site without an additional approval)* |
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| Signed Confirmation |
| By completing this form the requestor confirms that: * the information provided by the requestor herein is complete and correct,
* the requestor has read and understood the data restrictions associated with the requested dataset.
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| Project Lead/Principal Investigator signature |  |
| Name |  |
| Date |  |