

Applicant Information

Full Name

Affiliation / Organization

Email

Phone Number

Project Details

Project Title

Purpose of Data Request

Research Protocol / Proposal Description

Data Details

Requested Clinical Trial Data (e.g., dataset identifiers, trial names, etc.)

Intended Use of Data

Expected Period of Data Use

Data Security Measures

Compliance & Agreements

Ethics Approval / IRB Clearance

Data Use Agreement Required?

Additional Information

