



**Data and Biospecimen Request Form**

**Section 1: Demographics**

<b>Name</b>		<b>Date</b>	
<b>Title</b>		<b>Mailing address</b>	
<b>Institution</b>			
<b>Email</b>		<b>Shipping address</b>	
<b>Phone</b>			
<b>Fax</b>		<b>Request type</b>	<input type="checkbox"/> Data <input type="checkbox"/> Specimens
<b>Project title</b>			

**Section 2: Request details**

2.1: Purpose of request (select all that apply)

- Abstract or oral presentation: Venue \_\_\_\_\_ Due Date \_\_\_\_\_
- Preliminary analysis
- Publication
- Grant application: Mechanism \_\_\_\_\_ Due Date \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

2.2: Level of analysis (select one)

- Level 1: I am a NAPS Consortium Investigator making a request to complete a pre-specified aim \_\_\_\_\_ in Grant# \_\_\_\_\_ → Skip to section 3
- Level 2: I am a NAPS Consortium investigator or making this request on behalf of a NAPS Investigator (Name of NAPS investigator \_\_\_\_\_)
- Level 3: I am not a NAPS Consortium investigator\* → Include CV or biosketch with request

2.3: Protocol: Attach a protocol (preferably 1 page, maximum 3 pages) including A) Aims and Hypotheses; B) Requested Data/Biospecimens; C) Analytic plan; D) Power calculations.

2.4: Institutional Review Board (select one)

- Pending
- Approved IRB # \_\_\_\_\_ → Attach approval document

2.5: Billing contact for processing and shipping fees

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Email \_\_\_\_\_

**Section 3: Acknowledgements (Initial each statement and sign at bottom)**

\_\_\_\_\_ I acknowledge I have read the current Data Sharing and Publication Policy for the NAPS Consortium. I agree to abide by the requirements in that Policy, including the specific requirements listed below.

\_\_\_\_\_ I will provide documentation of institutional review board (IRB) approval valid for the analysis of NAPS Consortium data (or acknowledgment from the IRB that receiving coded data without access to identifiers is not considered research requiring review).

\_\_\_\_\_ I will use the data and/or biospecimens received only for research purposes and will not attempt to identify any individual participant. I will not share NAPS Consortium data or biospecimens with a third party. I will not attempt to combine data or biospecimens with a third party. (Note: ID numbers are unique for each data request).

\_\_\_\_\_ I will take all precautions to ensure confidentiality for the data and/or biospecimens that I receive. I am providing assurance that I have the ability to secure the data and/or biospecimens received in accordance with the most stringent protections possible compliant with local IRB and Health Insurance Portability and Accountability Act (HIPAA for US sites) standards for such sensitive data.

\_\_\_\_\_ I will return any new data generated through analyses of the data/biospecimens to the NAPS Consortium for possible inclusion into the project database. I understand that these data will be made available for distribution, after a 6-month embargo.

\_\_\_\_\_ I agree to prepare a manuscript within 1 year. For Level 1 and 2 requests: I will include “for the NAPS Consortium Investigators” as an author. For Level 3 requests: I will include NAPS Consortium Investigators in an appendix, if not already a co-author.

\_\_\_\_\_ I agree to include the following statement in any manuscripts or presentations that may result from research using the data/biospecimens:

“Data collection and dissemination of the data presented in this manuscript were supported by the NAPS Consortium (NAPS: R34 AG056639 funded by the National Institutes of Health). The authors acknowledge the invaluable contributions of the participants in NAPS Consortium as well as the assistance of the support staffs at each of the member sites.”

\_\_\_\_\_ I agree to submit any manuscript(s) to the Data and Biospecimens Committee at least 30 days prior to submission for publication. I agree to make changes requested by the Committee or by the NAPS Consortium.

\_\_\_\_\_ For any publications that result from the data/biospecimens, I will comply with National Institutes for Health (NIH) public access policies, including obtaining a PubMedCentral ID (PMCID) linked with the relevant NIH funding details. I agree to notify the NAPS Consortium as soon as possible after any publication(s) that result from the requested data and/or biospecimens, with a PubMedCentral ID (PMCID) and full reference.

\_\_\_\_\_ If funding results from data or biospecimens from the NAPS Consortium, now or in the future, I agree to notify the Data and Biospecimens Committee with details (grant title, sponsor, number, dollar total, and dates) so that the NAPS Consortium may report productivity derived from our resources to NIH.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This section for NAPS Consortium use only			RequestID:			
Confirm level	Level 1	Level 2	Level 3	Date	Inits	Details
Sent to DBC <input type="checkbox"/> protocol <input type="checkbox"/> cv (Level 3)						
DBC approvals						
1.						
2.						
3.						
Exec board approval request						
IRB						#
MTA/DUA						
Data/specimens requested						
Data/specimens transferred						
Abstract received						Deadline:
Manuscript received						Deadline (1yr):
DBC approvals Abstract/Manuscript						
Exec board approval manuscript						
Data returned to NAPS						
End 6-mo embargo						Date (6mo):
List Publications (PMCID), Abstracts, Grants						