**STU Data Sharing Request Form**

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| **Details of the data requester** | | **Details of the data recipient *(if different)*** | |
| Name:  (First, Last) |  | Name:  (First, Last) |  |
| Job Title: |  | Job Title: |  |
| Organisation: |  | Organisation: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |

|  |  |
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| **Project details** | |
| Title/acronym: |  |
| Chief Investigator: |  |
| STU Project ID Number (if known): |  |

**Data request details**

|  |  |
| --- | --- |
| Purpose of data request |  |
| Brief details of data required |  |
| Have you discussed this with the project investigators or STU staff?  *If so, please give name.* |  |
| Where did you learn about the project? |  |
| Date when data required |  |

*NB. STU aim to release data within 28 working days, subject to DAA or DSA being in place*

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| Preferred mode of data sharing | 🞏 on STU secure server  *A Data Access Agreement will be required* | 🞏 transferred to outside organisation  *A Data Sharing Agreement will be required* |
| Preferred method of data transfer |  |  |
| Any additional information |  | |
| Documents included with request (if applicable)  *e.g. PIS, ICF, policies etc* |  | |

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| Data requester signature: |  |
| Date: |  |