**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**

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| 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: |  |