**Data Request for WRAP**

(email to [a](mailto:datasharing@mrc-epid.cam.ac.uk)la34@cam.ac.uk)

**Request Date:**

**Data Required By:**

**Requested by:** Name:

Institution:

Email Address:

Telephone:

**Collaborators** (if applicable):

**Lead WRAP Investigator:**

**I agree to the terms of the data release and use specified on this form (see reverse)**

**Signature of researcher making data request:**

Name: Signature: Date:

|  |
| --- |
| **Purpose for request** (e.g. Internal use only, Abstract or Publication, Conference presentation etc) |
| **Title of proposed analysis** |
| **Objectives (research question/hypothesis)**  **Background and Synopsis** |
| **Plan for Statistical Analysis (overall strategy)** |
| **Plan for Patient and Public Involvement in creation / dissemination of the work** |
| **Outcome Variables (Please use exact variable names – see data dictionary)**  **Exposure/Covariables (Please use exact variable names – see data dictionary)** |
| When signed below by both the WRAP Investigator Committee and the Senior Data Manager (or their delegates) this data release has been approved for use by the named researcher (or individuals directly under their control) to enable the analysis described above to be carried out and as such this document provides you with written rights to use this data for this analysis. Your signature on this form guarantees that you will maintain the data securely, limit access to it to those described above, will not make any copies of this data (other than for purposes of backup) or transfer via any portable device and that you will delete all copies of this information if requested by the Chief Investigator. No other use of this information is permitted without first seeking further approval from the Chief Investigator or the Senior Data Manager. Any released information is confidential and should not be disclosed to any other parties under any circumstances without additional approval. No additional approval is necessarily guaranteed. Please quote the Unique Identifier for your release in all subsequent correspondence.  You must take all reasonable care to ensure the security of the data and maintenance of the conditions stated here by all people with whom this disclosed information is shared. A separate document containing the specific terms of the release will also be provided that describes more fully the full terms of data use. |

***For Office Use Only***

**WRAP Investigator Committee Approval**

Date Request received by WRAP Investigator Committee \_\_\_\_\_\_\_

Approved for release: Internal External

Not Approved for release:

Comments (if any):

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

**Data Manager Approval**

Master Set Title (assigned by DMT):…………………………………………………………….

Release Unique Identifier (assigned by DMT): …………………………………………….

Comments (if any):

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