

# Data Submission Form (V1)

(for Background or Retrospective Data and for prospective data not being provided by eCRF entry)

# DIRECT

DSF Number:

PAGE 1

Data submission requests are handled in accordance with the current version of the DIRECT Policy on Materials and Data Sharing.

These data relate to Work Package number:

Institution as per DIRECT project (use **code**)

Permission is given by the original providing laboratory for these data to be transferred to other DIRECT laboratories (Data access will be via written request and by approval of the DIRECT Data and Sample Access Committee) as per the DIRECT SOP.

- Yes  
 No

Original providing laboratories can track data access requests via the DIRECT website

## About the Data

Please identify the nature of the data (check any that apply)

- Excel spreadsheet  
 Other spreadsheet  
 Images  
 CSV  
 Tab-delimited  
 Other (describe below)

Which original study or studies are these data from?

Do you have ethical approval which permits the supply of these data into the DIRECT consortium?

- Yes  
 No

If yes, has this ethical approval been reviewed and confirmed by Work Package 9

- Yes  
 No

Provide date of confirmation:

Do you have donor consent to supply this data?

- Yes  
 No

Please detail who is the custodian of the data

**CUSTODIAN**

**LOCATION (INSTITUTION, DEPARTMENT, ROOM)**

# Data Submission Form (V1)

## DIRECT

DSF Number:

PAGE 2

Please describe using checkboxes (below) what type of data you would like to submit (multiple checkboxes can be specified)

- eCRFs
- phenotype data
- lab data
- genomic data
- metabolomic data
- proteomic data
- other (describe below)



Please describe below which type of datasets this is

- Prospective DIRECT dataset that cannot be sent using eCRF entry
- Retrospective dataset (single centre)
- Retrospective dataset (multiple centres)
- Both prospective and retrospective datasets

Give as much information as you can on the exact datasets you are submitting:

may contact you for further clarification if required

### Restriction of Use

Is there existing restriction of the use or disclosure of the data (relating to the consent or original ethics submission/approval)?

- Yes
- No

If yes, please specify:

### Acknowledgements

If these data are used and a publication results should the publication acknowledge a funding body or other entity or persons (other than DIRECT)

- Yes
- No

If yes, please specify:

Please indicate the period of time that the data may be used by the DIRECT consortium:

Please add any further comments here:

# Data Submission Form (V1)

# DIRECT

DSF Number:

PAGE 3

**Permission for analysis, access or onward transfer within DIRECT (see page 1), in accordance with DIRECT SOPs and oversight of the Data and Sample Access Committee, is given**

Yes  No

If no is specified please contact the Data Access Committee to explain what restrictions need to be implemented on this dataset

## Providing Participant Details

Name of Researcher

Address

Email address

Telephone Number

**Signed by providing participant's responsible scientist**

PRINT NAME

SIGNATURE

DATE

## Receiving Participant Details

Name of Researcher

Address

Email address

Telephone Number

**Signed by receiving participant's responsible scientist**

PRINT NAME

SIGNATURE

DATE