

WIPM Data Request Form

September 2020

The Wolfson Institute for Preventive Medicine (WIPM) supports a controlled access model to its research data. Please complete all questions on this form in order for the WIPM Principal Investigator, or custodian, responsible for the data to assess your application. Please include any supporting documentation which may assist your application

Study Details	
Study name and abbreviation	
Citation of study publication if relevant	
Study registration number if relevant	
Data Requester Details (please attach a full CV for each member of your research team)	
Name of requester	
Position of requester	
Date of request	
Institute where research will be conducted	
Name & title of scientific lead	
Institute of scientific lead	
Name & title of statistician	

Description of the research project	
Title	
Background (max. 250 words)	
Endpoints & analysis plan (max. 250 words)	
Practical details of the project	
Expected start date	
Expected completion date	
Funding received or sought for the project	
Data Specifications	
Which data may be required	
Data pack	Yes [] No []
Custom extract	Yes [] No []
A custom extract may require additional WIPM resources. Would you be prepared to fund staff time to process the data?	Yes [] No []
Do you anticipate requiring WIPM support to process the data?	Yes [] No []
Do you anticipate requiring WIPM support for analysis of the data?	Yes [] No []
Project Outputs	
Expected number of planned publications	

Expected title(s) of planned publications	
Expected journal(s) of planned publications	
Expected conference presentations, including posters	
Are you prepared to acknowledge WIPM in your outputs	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]