

# Application Form for Data Deposit

(for level 1 or 2)

TO: Data Sharing Review Board, “Integrated Database Project - Disease Analysis DB Group (Lead by K. Tokunaga, University of Tokyo)”

I hereby apply for providing the data (Level 1 or 2) to be shared at the website of the Integrated Database Project - Disease Analysis DB Group.

Application Date	(MM/DD/YYYY)
Principal Investigator	
Name	
Job Title	
Contact Information	
Institution:	
Phone Number:	
e-mail:	
Information on Data to be Shared (If you need more space, please submit information with a separate sheet.)	
Level 1 • Level 2   (Please circle the applicable item)	
Outline of Research (Purpose, Method, Research Subject, Publications, etc.)(Depending on contents, data deposit might be declined.)	
Category and Volume of Data to be Shared (*Do not include any data that can be used to identify an individual.)	
Available Date for Start of Data Sharing: Immediate / Later >>From _____ (MM/DD/YYYY)	