

Application Form for Data Deposit (for level 3)

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 3) 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:
Is ethics review of data-sharing plan necessary?	Necessary / Not Necessary (Original research program was already approved separately or the plan is exempted from review.) (If "Necessary", fill in the box below.)
What is the status of ethics review of data-sharing plan?	Completed (Attach a copy of the Certificate of Approval.) Not Completed → Ethics review is scheduled to complete on _____ (MM/DD/YYYY).
Information on Data to be Shared (If you need more space, please submit information with a separate sheet.)	
	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)
	Restrictions on Data Use (Restrictions on applicable diseases) Note) Please submit a copy of the informed consent form for the examination by the board.
Results of Data Sharing Review	
Data Sharing Permitted.	
Data Sharing Not Permitted. →Reason(s) ()	
Date of Review: _____ (MM/DD/YYYY)	
Prof. Ryuichi Ida, Chairperson, Data Sharing Review Board ("Integrated Database Project - Disease Analysis DB Group")	
(Signature)	