

Accessclinicaldata@NIAID
NIAID Data Access Request Form

- *To access data, a Data Access Request (DAR) is required to be submitted to NIAID by the requestor using this electronic DAR form as part of the request access process found on the **Accessclinicaldata@NIAID** data platform and will be reviewed by the NIAID Clinical Trials Data Access Committee.*
- *Upon approval of the DAR by NIAID and prior to accessing the data set, the primary requestor and their institution official will be notified and required to agree to and sign a NIAID Data Use Agreement (DUA) using DocuSign found on the **Accessclinicaldata@NIAID** data platform that outlines the terms of the use of the data.*

If you have any questions about the DAR, please contact
accessclinicaldatasupport@niaid.nih.gov

*** required**

Requestor's Information

- *First Name, Middle Name, *Last Name
- *Email Address
- ORCID ID
- *Address
- *Degree
- *Position/Title
- *Department/Branch
- *Institution

Requestor's Institutional Signing Official Information

The Institutional Signing Official is a senior official at an institution who is authorized to enter the institution into a legally binding contract and sign the Data Use Agreement with the requestor who has submitted a Data Access Request to NIAID.

- *First Name, Middle Name, *Last Name
- *Email Address
- *Phone Number
- *Address
- *Position/Title
- *Department/Branch
- *Institution

Additional Internal Staff and Collaborators' Information

Will additional internal staff or collaborators have access to the data?*

If yes, it is required that primary requestor provides the information below for any internal staff and collaborators at your institution who will have access to the approved data sets; Data Users outside of your institution will be required to submit a separate DAR for review and approval and approved user and their institution will be required to sign a separate DUA.

**Full name, *Email Address, *Degree, *Position/Title, *Department, Institution*

Data Request*

NIAID Adaptive COVID-19 Treatment Trial (ACTT)

Research Use Statement (limit to 3500 characters)*

The Research Use Statement should include the following:

- Research Project Title*
- Objectives of the proposed research project*
- Study design*
- Describe the role of collaborators, if appropriate*
- Describe how requested dataset is consistent with the objectives of the proposed research project*
- Describe how the proposed research project is consistent with data use limitations for the requested data set, if appropriate*
- Analysis plan with methods*