**Request source**

Internal: External:

Data Request No.

*(office use only)*

Keele School of Medicine

# Data request form - Amendment

##### To be completed by the Researcher of the proposed study

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Study Title: | | | DCAP number of  original data request\*: | | | | |
| Researcher requesting data: | | | Amendment number: | | | | |
| Study (or studies) from which data are requested: | | | | | | | |
| Reason for amendment | | | | | | | |
| Study population required  *(For quantitative studies please specify if there are specific groups of participants required from the study e.g. age range, gender, and for qualitative studies please specify the demographic or sample frame and the number of participants you require):* | | | | | | | |
| Precise data required  *(For quantitative data please be specific on survey wave (e.g. baseline data) and list all variables required and for qualitative data please detail the type of data required (e.g. interview transcripts, diaries etc)):* | | | | | | | |
| Is the data requested in this amendment to be used to address the stated objectives in the original data request form? |  | | YES |  | | NO |  |
| *NB Data must be stored securely as indicated in the original request.*  DECLARATION (researcher / student requesting data) :-   1. *I agree to comply with any conditions for data access required by School of Medicine (the School).* 2. *The data and outputs supplied to me will be used only for the approved Research Project identified above.* 3. *The data and outputs will not be released to any other individual(s) or organisation(s) not named on the application.* 4. *The data and outputs will only be processed at the location(s) stated above, in accordance with the principles and conditions set out in the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018, the Research Governance Framework, and with proper safeguards to ensure confidentiality.* 5. *All data and outputs supplied, and any copies or information derived from them will be destroyed or returned to the School on or before the end date specified above. At the end of the access period, for any data or analysis not returned to the School, I agree to destroy all copies of the data, including temporary copies, CDs, printed copies, personal copies, back-ups, derived datasets and all electronic copies.* 6. *The focus of the project is research / analysis and the data will not be used for any other purpose, including personal or commercial gain.* 7. *I understand that these data are provided in good faith and, to the best of the School's knowledge and ability, are free of error at the time of supply. The School will not be responsible for any errors, omissions or mistakes contained in the outputs or for any consequences or liabilities arising there from.* 8. *I confirm that the School of Medicine and the study from which data is requested (including funding source) will be fully attributed in any publications or reports resulting from analysis of this data.* 9. *I confirm that co-authorship agreements for any publications arising from analysis of this data set will reflect the list of study team members as set out in this form* 10. *I understand that any publications resulting from analysis of this data will be placed in journals with open access publication policies. If the original grant which funded this cohort data requires immediate full open access publication, then I agree to take responsibility for meeting these requirements in relation to any publication(s) which I initiate and which arise from the analysis of this data.*   **Please submit completed form to** [**medicine.datasharing@keele.ac.uk**](mailto:medicine.datasharing@keele.ac.uk) and provide original signed paperwork to centres’ data request registrar. | | | | | | | |
| Supervisor of Researcher requesting the data:  Signature:  Print Name :  *I confirm that the data specified in this request are required to answer the research question. If there are any queries in relation to the data requested I understand that it is my responsibility to support the researcher to complete an accurate data request form, in line with the needs of the research question* | | | | | Date: | | |
| Local Collaborator (LC) (s) of study (or studies) from which data are requested | | | | | | | |
| LC a) - Signature:  Print Name:  LC b) - Signature:  Print Name: | | Study Acronym | | | Date: | | |
| Data Custodian(s) of study (or studies) from which data are requested.  *Signature on data release.* | | | | | | | |
| DC a) - Signature:  Print Name:  DC b) - Signature:  Print Name: | | Study Acronym | | | Date: | | |