



To be entered by the database manager

Reg.number: \_\_\_\_\_

Date received: \_\_\_\_\_

## Request form for Access to Individual Level Data and biological samples from the ANDIS cohort

Please complete this entire form in order to request access to data or samples.

Once completed, this form should be sent electronically to the *Database Administrator*, Jasmina Kravic ([jasmina.kravic@med.lu.se](mailto:jasmina.kravic@med.lu.se)) The form should be received electronically at least one week in advance of the steering committee meeting for evaluation.

Please note:

1. A final decision can only be obtained following ethical clearance and approval from KVB/Region Skåne (<https://vardgivare.skane.se/kompetens-utveckling/forskning-inom-region-skane/utlamnande-av-patientdata-samradkvb/>).
2. All requests for biological samples must be minimised. Amount and number of samples must be motivated and clearly stated.
3. Results of sample analyses must be transferred to the ANDIS data manager according to an agreed format when completed.
4. Data requests should be specified using the ANDIS variable lists in Excel. A final decision will not be made without a specified variable request.
5. Access to data is granted for two years, after which a new application is required.

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The ANDIS Steering Committee

## ANDIS request form

This application is new

This is a supplement to a previous application with registration number: \_\_\_\_\_

- Changes to research plan
- Renewal of data access period
- Changes to authorized personnel
- Additional variables
- Additional patients/samples

### 1. Identification of the Data User (applicant(s))

#### A. Name of applicant, including affiliation and contact details.

Name			
Title/position		Organisation	
Affiliation		Phone	
		E-mail	
Co-applicants			

#### B. Names of authorized personnel

Please indicate for all investigators, collaborators, research staff and students, that will have access to the data in order to work on the project described below.

Name	Function in project	E-mail

### 2. Ethical approval

Ethical approval exists (yes/no)	Date of approval	Application decision number

NB. A final decision can only be obtained following ethical clearance.

### 3. Purpose for Data Access/ Sample Request

Please provide a clear description of the purpose of the Data Access Request, including your exact proposed use of the Data, in no more than 500 words.

Project title
Project description (aim, study population, methods, statistical power)

### 4. Request for biological samples

Serum -80°C (ul)	Serum -20°C (ul)	DNA (ng)
Number of individuals		
Selection criteria		
Motivation for amounts requested		

NB. Do not request samples stored in -80°C unless absolutely necessary (provide a reason).

**5. Request for data**

Data requested (exact variables requested should be marked in the variable list and attached to the application).
Selection criteria

**6. Attachments to the application**

Variable list

**7. Commitments**

I am aware that I should return results from sample analysis after completion of the study (if samples are requested)

**8. Signature**

I commit to abide by all points of the data access agreement as laid out in the Material Transfer Agreement and Principles for Data Access.

Signature of applicant: .....

Date: .....

ANDIS request form

**9. Decision of ANDIS steering committee**

<input type="checkbox"/> Sample extraction approved <input type="checkbox"/> Sample extraction denied <input type="checkbox"/> Sample extraction approved on condition:	<input type="checkbox"/> Data extraction approved <input type="checkbox"/> Data extraction denied <input type="checkbox"/> Data extraction approved on condition: