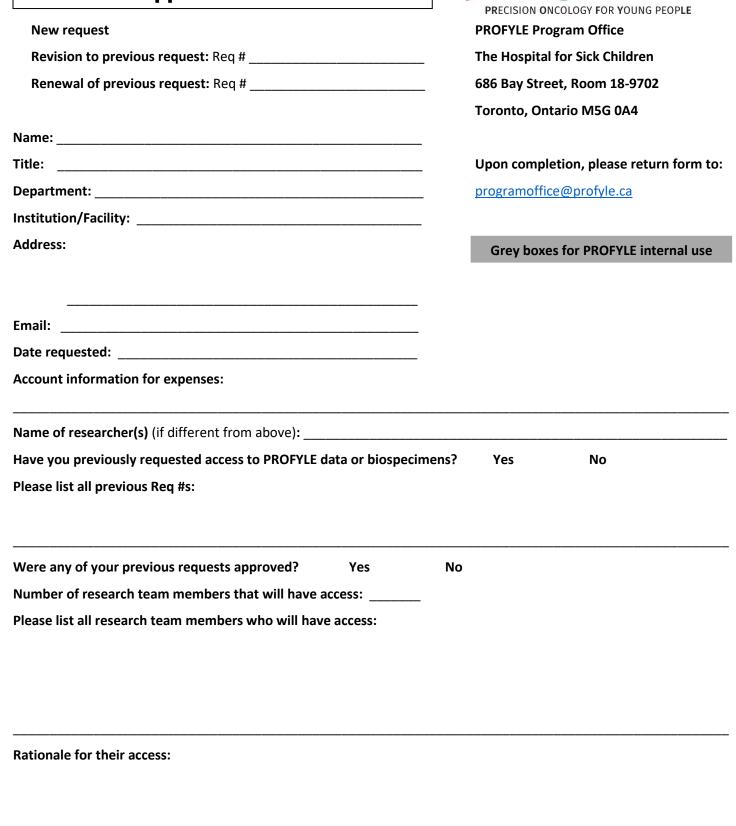
## Data / Biospecimen Access Requisition Application Form



TERRY FOX

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Title of Duciosts				
Title of Project:				
Project Description (maximum 500 words):				
Ethics approval number/reference:				
Biosafety permit number (if Biospecimens requested):				
Funder of project:				

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Data and/or Sample Type (please provide brief rationale/justification):					
Number of Patients' Data/Samples (please provide brief rationale/justification):					
Minimum Size of Sample Required to do Research (please provide brief rationale/justification):					
Patient Type(s) (include information about demographic criteria, diagnostic criteria and/or other clinical/molecular features):					
Please provide brief rationale/justification for types described:					
Specific Patients (if known, please provide list of PROFYLE ID numbers):					

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Specific Data Elements Requested (please provide brief rationale/justification):					
Other Details of Data and/or	Materials Requ	uested:			
Does your ethics approval inc	clude a plan for	r dealing with <u>i</u>	ncidental findings?		
Yes No					
If yes, please describe your e	thics approved	plan for dealir	ng with <u>incidental f</u> i	indings:	
If no, please confirm that you	ı will follow PR	OFYLE guidanc	e for dealing with <u>i</u>	ncidental findings.	
The requestor(s) confirms:	Yes	No			
Reason for access request &	relatedness to	PROFYLE:			
By signing this form you acknow	vledge you have	read, understoo	d and will comply wit	th the PROFYLE Data a	nd Material Access
Policy, Publication Policy, Intelle	ctual Property P	Policy and other (	applicable PROFYLE F	Policies. It is the resear	cher's responsibility to
maintain all data and samples a	ıs de-identified a	ınd secure.			
Requestor Signature:			Date:		

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PROFYLE Req #:			Authorized by:				
BDAC decision:			Date approved:				
Approve	<b>Conditionally Approve</b>	Deny					
Rationale for decision:							
Additional Work:							
Yes (please d	lescribe below) No						

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