**UBC MRI Research Centre Data Request Form**

**1. Researcher**

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Institutional Email Address |
| Academic Position |
| Institution |
| Street Address | City |
| State/Province | Zip/Postal Code |
| Country | Telephone |

**3. Proposed Research Project**

|  |
| --- |
| Title |
| Funding Agency (if applicable)  |
| Proposal Start Date | Estimated Study Duration |
| REB/IRB # (if applicable) – *If not applicable, please state the reason* |

**4. Description of Research Project**

Include objectives and hypothesis

**4. List of Dataset and De-identified Demographics Required**

**5. Individuals who will need access to this data**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (Last, First)** | **Affiliation** | **Institutional** **E-mail Address** | **Project Role (Owner/Members/****Collaborators)** |
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*Use additional sheets for additional profiles as needed.*

**6. Supplementary documents**

Once approval has been obtained, the following documents will need to be sent to us prior to the release of data:

* Copy of the most recent IRB or local ethics committee approval for your research project (if applicable)