Intellectual Disability and Mental Health:

Assessing Genomic Impact on Neurodevelopment



**Data Access Request Form**

**Applicant’s Details**

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| Name Position | | | |
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| Email Telephone Number | | | |
|  |  | |
| Institution and Address | | | |
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| ORCID ID (free, see http://orcid.org/) | |
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**Co-Applicant**

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| Name Position | | |
|  |  | |
| Email Telephone Number | | |
|  |  |
| Institution and Address | | |
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| **Please list all other Co-applicants (continue on another sheet if necessary):** | |
| Name Affiliation | | |
|  |  | |
| Name Affiliation | | |
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| Name Affiliation | | |
|  |  | |
| Name Affiliation | | |
|  |  | |
| Name Affiliation | | |
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**Supporting IMAGINE ID Investigator**

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| --- |
| Name |
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**Proposal Details**

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| Title | | | | | |  | | | | | | |
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| Proposed Start Date | | | | | | Proposed End Date | | | | | | |
| DD | / | MM | / | YY |  | **D DD** | / | **MM** | / | **YY** |
| Has your project been peer reviewed? | | | | | | | | | | | |  |
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| Has your project received ethical approval? If so please give name of ethics committee and approval number | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | |
| Has your project received funding? If so please give name of funding organisation and dates of funding. | | | | | | | | | | | | |
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| If no to previous question, do you intend to apply for funding? | | | | | | | | | | | | |
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| Description of project including aims, objectives and methods (please include layperson summary) | | | | | | | | | | | | |
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| Exposures, outcomes and confounders to be considered (justifying particular types of data as necessary) | | | | | | | | | | | | | | | |
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| Reasons for using the IMAGINE ID dataset? | | | | | | | | | | | | | | | |
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| What do you think the likely impact of your research will be? | | | | | | | | | | | | | | | |
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| Have you previously had a project with us? | | | | | | | | | | | | | | | |
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| Please describe the information security policy/any ISO27001 certification held by your institution. | | | | | | | | | | | | | | | |
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| Have all staff who will access the data completed information governance/data handling and Data Safe Haven training? |
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| Please give name, position and institution of all staff who will have access to the data requested: |
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**Data Requested**

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| Data format needed: |
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Data required for analysis:

1. Request the IMAGINE ID Variables Catalogue from the Data Manager.
2. Highlight all of the variables needed and explain why they are necessary. The list of highlighted items must be consistent with the project proposal.
3. Send the highlighted Variables Catalogue file at the same time as this application form.

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| Will any new variables be derived or produced as a result of data obtained from IMAGINE ID? |
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| If yes, please describe what variables you expect will be generated by your project |
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**Data User Agreement** │Please indicate your agreement to the following conditions:

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| **Statements** | **Initial Boxes** |

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|  | I agree that I and my collaborators will abide by the terms and conditions outlined in the IMAGINE ID Data Access Policy. |  |
|  | I agree that failure to comply with these terms and conditions will result in any future data sharing applications from me and/or my collaborators being refused by the IMAGINE ID Data Access Committee. |  |
|  | I understand that data from the IMAGINE ID resource cannot be used for commercial gain. |  |
|  | I understand that my team and I must not pass on any data awarded, or any derived variables generated by this application to a third party (i.e. to anybody who is not included in the list of applicants on this form). |  |
|  | I am aware that any third party seeking to use data or derived variables arising from this application must approach IMAGINE ID to obtain access permission of their own. |  |
|  | I understand that if a problem arises involving any misuse of the IMAGINE ID data provided for this project that violates any of the data user agreement specified herein, I will be held responsible. This might result in you being excluded from using the IMAGINE ID resource in the future. |  |
|  | I understand that any costs will be determined after the proposal has been approved and that I will not receive any data until I have settled my invoice or provided a purchase order number. |  |
|  | I understand that all data generated will be returned to IMAGINE ID and be made available to other researchers. |  |
|  | I will no longer have access to the Data Safe Haven where the IMAGINE ID data I was accessing is stored |  |
|  | I agree to request an extension for use of the IMAGINE ID data should my project continue after the date specified on my application. |  |
|  | I agree that all publications resulting from my Data Access Request will be submitted to the IMAGINE ID Consortium Publication Committee and reference the “IMAGINE ID Consortium” as authors. |  |
|  | I agree that I will not attempt to identify, or contact IMAGINE ID participants in any way. |  |
|  | I declare that I have no conflict of interest in relation to this research. |  |

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| Name of Researcher | | | | | | |
|  | | | | | | |
| Signature | Date | | | | |
|  | **DD** | / | **MM** | / | **YY** |
| Supporting IMAGINE ID Investigator | | | | | | |
|  | | | | | | |
| Signature | Date | | | | |
|  | **DD** | / | **MM** | / | **YY** |

Please sign, date and return to the IMAGINE ID Data Manager ([irene.lee@ucl.ac.uk](mailto:irene.lee@ucl.ac.uk)) by email.