**PTN Data Sharing Request Form**

To: DCRI PTN Program Manager

[PTN-Program-Manager@dm.duke.edu](mailto:PTN-Program-Manager@dm.duke.edu)

From: Requestor name, title, institution

Date: Enter date of request

Re: Data Sharing Request

In order to maintain a list of data recipients and planned usage, we ask that you follow the process below.

1. Complete the attached “Data Sharing Request” form and submit to [PTN-Program-Manager@dm.duke.edu](mailto:PTN-Program-Manager@dm.duke.edu) .
2. A data sharing agreement will have to be executed following PTN approval of Data Sharing Request Form.

*For Office Use only*

*Date received:*

*Project code assigned:*

## Data Sharing Request Form

|  |
| --- |
| Before completing this form, see attached instructions and example.  Attach additional pages if necessary. E-mail to [PTN-Program-Manager@dm.duke.edu](mailto:PTN-Program-Manager@dm.duke.edu) at the DCRI  **E-mail:** [PTN-Program-Manager@dm.duke.edu](mailto:PTN-Program-Manager@dm.duke.edu) |

**Requestor name**:      **Telephone:**

**Address:**

**Email:**

**Purpose for data requested:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study name or Clinicaltrials.gov #:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_