



# Non-NCI-Funded Study Information Form

Please complete this form to the best of your ability. An NCI subcommittee will review this information to determine if the study will be accepted for storage in an NIH repository. The committee will consider the scientific value of the data, its usage of NIH resources, and the data use limitations (DULs). For questions about this process, please contact NCI's Office of Data Sharing.

OMB No.: 0925-0775

Expiration Date: 06/30/2025

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing at any time. Refusal to participate will not affect your benefits in any way. The information collected will be kept private to the extent provided by law. Names and other identifiers will not appear in any report. Information provided will be combined for all participants and reported as summaries. You are being contacted online to complete this form so that NCI can consider your study for submission into an NIH repository.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0775). Do not return the completed form to this address.

\* Required

1. What is the date? \*

Format: M/d/yyyy

2. What is your first and last name? \*

3. What is your email address? \*

Please enter email address only, no extra characters or spaces

4. Please provide the title and description of your study \*

Enter a brief description of the study along with the title and highlight the uniqueness of the study.

5. Please insert draft abstract from your manuscript. \*

6. Other Relevant Information \*

Enter any other relevant information that would assist reviewers in finalizing decisions. For example, how is this information different from other studies or will benefit the research community?

## Additional Information

### 7. What are the data use limitations (DULs) for this study? \*

Enter DULs. Please reference the Standard Data Use Limitations table (<https://sharing.nih.gov/genomic-data-sharing-policy/institutional-certifications/completing-an-institutional-certification-form#step-5>) (<https://sharing.nih.gov/genomic-data-sharing-policy/institutional-certifications/completing-an-institutional-certification-form#step-5>) for more information.

### 8. What is the sample size? \*

Enter the number of samples.

9. How much storage is needed for the study? \*

List specific units (GB, KB, MB, etc.)

10. What data types need to be deposited? \*

List all data types for depositing into an NIH repository (i.e. WGS, WXS/WES)

11. What is the file format of the data? \*

List the format of the data intended for submission (i.e. FASTQ, CRAM, BAM, etc.)

12. What is the average coverage range per base? \*

If the coverage is 30X, the range would be 0-60X.

13. Please include information about the read length. \*

For example, is it generated with paired-ends?

14. To which journal has a manuscript been submitted? \*

15. What date do you anticipate submitting your manuscript to this journal? \*



Format: M/d/yyyy

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