Datasets



Study Information

Consent Group Name*

| Study Name* |
|--|
| Study Name |
| Study Type |
| x v |
| |
| Study Description* |
| Description |
| |
| |
| Data Types* |
| Type + |
| Phenotype/indication Studied |
| Phenotype/Indication Studied |
| Species |
| Species |
| |
| Principal Investigator Name* |
| Principal Investigator Name |
| Data Submitter Name |
| The individual completing this form will be saved with the study. |
| Jonathan Lawson (Admin & DAC Member) |
| Data Submitter Email |
| jlawson@broadinstitute.org |
| Data Custodian Email |
| nsert the email for any individual with the authority to add/remove users access to this study's datasets. |
| Data Custodian Email + |
| Target Delivery Date Target Public Release Date |
| Please enter date (YYYY-MM-DD) Please enter date (YYYY-MM-DD) |
| |
| Public Visibility* Please select one of the following data use permissions for your dataset |
| Yes, I want my dataset info to be visible and available for requests |
| No, I do not want my dataset info to be visible and available for requests |
| |
| NIH and AnVIL use |
| Will you or did you submit data to the NIH?* |
| I am NHGRI funded and I have a dbGaP PHS ID already |
| I am NHGRI funded and I do not have a dbGaP PHS ID |
| I am not NHGRI funded but I am seeking to submit data to AnVIL I am not NHGRI funded and do not plan to store data in AnVIL |
| - |
| Data Access Governance |

| Primary Data Use Terms* |
|--|
| Please select one of the following data use permissions for your dataset |
| General Research Use |
| Health/Medical/Biomedical Research Use |
| Disease-Specific Research Use |
| Populations, Origins, Ancestry Use |
| No Restrictions (Open Access Data) |
| Other |
| Secondary Data Use Terms |
| Select all applicable data use parameters |
| |
| No methods development or validation studies (NMDS) |
| Genetic studies only (GSO) |
| Publication Required (PUB) |
| Collaboration Required (COL) |
| Ethics Approval Required (IRB) |
| Geographic Restriction (GS-) |
| Publication Moratorium (MOR) |
| Non-profit Use Only (NPU) |
| Other |
| Please select which DAC should govern requests for this dataset X |
| |
| |
| Data Location* |
| Please provide the location of your data resource for this consent group |
| Data Location(s) V Enter a URL for your data location here |
| |
| File Type Functional Equivalence |
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| File Type Functional Equivalence X V Type |
| X V Type |
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| X V Type |
| X V Type |
| X V Type Add New File Type |
| X V Type Add New File Type # of Participants* |
| X V Type Add New File Type # of Participants* Number NIH Institutional Certification |
| X V Type Add New File Type # of Participants* |

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