

DUOS

Admin Console

SO Console

DAC Chair Console

Researcher Console

Contact Us

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Data Access Request Application

The section below includes a series of questions intended to allow our Data Access Committee to evaluate a newly developed semi-automated process of data access control.

Step 1 Researcher Information

Step 2 Data Access Request

Step 3 Research Purpose Statement

Step 4 Data Use Agreement

Step 1: Researcher Information

1.1 Researcher*

Jonathan Lawson

1.2 Researcher Identification

Please authenticate with eRA Commons in order to proceed.

1.2.1 NIH eRA Commons ID*



Your NIH authentication has expired

You must submit Your Profile and obtain a Library Card from your Signing Official before you can submit a Data Access Request

1.2.2 I am an NIH intramural researcher (NIH email required)

1.3 Principal Investigator*

I certify that the principal investigator listed below is aware of this study

Firstname Lastname

1.4 Internal Lab Staff

Please add internal Lab Staff here. Internal Lab Staff are defined as users of data from this data access request, including any that are downloaded or utilized in the cloud, please do not list External Collaborators or Internal Collaborators at a Pl or equivalent level here. If your DAR is approved, you will be responsible for the appropriate use of the data by each individual listed in this section.

Add Internal Lab Member

1.5 Internal Collaborators

Please list Internal Collaborators here. Internal Collaborators are defined as individuals who are not under the direct supervision of the PI (e.g., not a member of the PI's laboratory) who assists with the PI's research project involving controlled-access data subject to the NIH CDS Policy. Internal collaborators are employees of the Requesting PI's institution and work at the same location/campus as the PI. Internal Collaborators must be at the PI or equivalent level and are required to have a Library Card in order to access data through this request. Internal Collaborators will have Data Downloader/Approver status so that they may add their own relevant Internal Lab Staff. Internal Collaborators will not be required to submit an independent DAP to collaborate on this project.

Add Internal Collaborator

1.6 Institutional Signing Official*

I certify that the individual listed below is my Institutional Signing official

1.7 Information Technology (IT) Director*

I certify that the individual listed below is my IT Director

Enter Firstname Lastname

1.8 Cloud Use Statement*

Will you perform all of your data storage and analysis for this project on the AnVIL?

Yes	N

1.9 External Collaborators

Please list External collaborators here. External Collaborators are not employees of the Requesting Pl's institution and/or do not work at the same location as the Pl, and consequently must be independently approved to access controlled-access data subject to the GDS Policy. External Collaborators must be at the Pl or equivalent level and are not required to have a Library Card in order to access data, although it is encouraged. Note: External Collaborators must submit an independent DAR approved by their signing Official to collaborate on this project. External Collaborators will be able to add their Lab Staff, as needed, via their independent DAR. Approval of this DAR does not indicate approval of the External Collaborators listed.

Add External Collaborator			
.1 Select Dataset(s)*			
Please start typing the Dataset Name, Sample Collection ID, or PI of the diccess:	lataset(s) for whic	ch you would like to	request
Dataset Name, Sample Collection ID, or PI			~
2.2 Descriptive Title of Project*			
Please note that coordinated requests by External Collaborators should ex	ach use the same	e title.	
Project Title			
In sections 2.3, 2.4, and 2.5, you are attesting that your propos of the items selected below, and will be liable for any deviatio specific as possible in your selections, as it will maximize the	ons. Further, it	is to your benef	
2.3 Research Use Statement (RUS)*			
Please limit your RUS to 2200 characters.			
Trease mineyou from the 2200 distributions.			
s the primary purpose of this research to investigate a specific disease	(s)?		
Yes No			
Step 3: Research Purpose Statement			
n order to ensure appropriate review, please answer the quest	tions below:		
am proposing to:			
Increase controls available for a comparison group (e.g. a case- control study).	Yes	○ No	
Study variation in the general population (e.g. calling variants and/or studying their distribution).	O Yes	O No	
Conduct research for an exclusively or partially commercial purpose.	O Yes	O No	
s this study:			
Limited to one gender	O Yes	O No	
Limited to a pediatric population (under the age of 18)	O Yes	○ No	
Targeting a vulnerable population as defined in 456 CFR (children, prisoners, pregnant women, mentally disabled persons, or ["SIGNIFICANTLY"] economically or educationally disadvantaged persons)	○ Yes	○ No	
Does this research involve the study of:			
Illegal behaviors (violence, domestic abuse, prostitution, sexual victimization)	O Yes	O No	
Sexual preferences or sexually transmitted diseases			
	O Yes	O No	
Psychological traits, intelligence, or attention	○ Yes	○ No	
Correlating ethnicity, race, or gender with genotypic or phenotypic variables for purposes beyond biomedical or health-related	_		
Correlating ethnicity, race, or gender with genotypic or phenotypic	○ Yes	O No	

Data Use Agreements

DUOS Library Card Data Access Agreement and Attestation

Under the National Institutes of Health (NIH) Genomic Data Sharing Policy, the Genomic Data User Code of Conduct sets forth principles for responsible management and use of large-scale genomic data and associated phenotypic data accessed through controlled access to NIH-designated data repositories (e.g., the database of Genotypes and Phenotypes (dbGaP), repositories established as NIH Trusted Partners). Failure to abide by any term within this Code of Conduct may

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Public reporting burden for this collection of information is estimated to average 30 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.

result in revocation of approved access to datasets obtained through these repositories, investigators who are approved to access data agree to:

- 1. Use datasets solely in connection with the research project described in the approved Data Access Request for each dataset.
- Make no attempt to identify or contact individual participants or groups from whom data were collected, or generate information that could allow participants' identities to be readily ascertained, without appropriate approvals from the submitting institutions;
- 3. Maintain the confidentiality of the data and not distribute them to any entity or individual beyond those specified in the approved Data Access Request;
- Adhere to the NIH Security Best Practices for Controlled-Access Data Subject to the NIH Genomic Data Sharing Policy and ensure that only approved users can gain access to data files;
- 5. Acknowledge the Intellectual Property terms as specified in the Library Card Agreement;
- Frovide appropriate acknowledgement in any dissemination of research findings including the investigator(s) who generated the data, the funding source, accession numbers of the dataset, and the data repository from which the data were accessed; and
- 7. Report any inadvertent data release, breach of data security, or other data management incidents in accordance with the terms specified in the Library Card Agreement and NIH Data Use Certification.

By submitting this data access request, you agree to all terms in the agreement(s) listed below.

Broad Library Card Agreement

Save

NHGRI Library Card Agreement



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