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| **NPM SG10K\_Health Data Access Form** | | |
| **For official use** | | |
| Request received date:  Click or tap to enter a date. | | Request number: |
| **Section A: Requestor details** | | |
| A1. Full name: | | A2. Designation: |
| A3. Department /organisation: | | |
| A4. Email address: | | A5. Phone number: |
| A6. ORCID: | | A7. Date of request: Click or tap to enter a date. |
| **Section B: Details of request** | | |
| B1. Title of research study: | | |
| B2. Proposed start date: Click or tap to enter a date. | | |
| B3. Proposed end date: Click or tap to enter a date. | | |
| B4. Key co-investigators (suggest limit to 5-10) | | |
|  | Name and Email | Institution |
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| Yes. I confirmed that the co-investigators have read and approved the application. | | |
| B5. Does this request relate to any previous data or samples that you have requested from DAC?  No, this is a first request/this has no connection with previous request(s).  Yes. *Please state request form reference number and specify how they are related:* | | |
| B6. Is this request an amendment to a previously approved application by the DAC?  Yes. *Please state request form reference number and specify the key amendments:* | | |

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| B7. Datasets requested (tick as appropriate)  All data provided will be coded (de-identified) individual, record-level data, i.e. data containing surrogate identifiers in place of information that identifies the research participant.  Purpose of request:  Non-Commercial Purposes (not Commercial Purposes, including internal, academic, research and development purposes).  Commercial Purposes (purposes primarily intended to generate revenue and/or profit and the purpose of running a business). | |
| **Datasets** | **Tick as appropriate** |
| **Research Phenotype data** |  |
| **WGS genomic data** | |
| Joint-called VCF (SG10K\_Health\_r5.3) |  |
| AC>4 phased joint-called VCF\_r5.5 (for imputation only) |  |
| **Epigenetic data** | |
| DNA methylation |  |
| Brief justification for the basis of selection. If a subset of the WGS or methylation data is requested (e.g. a specific genomic region), please provide details here. | |
| B8. Background (~500 words) | |
| B9. Specific Aims (~200 words) | |
| B10. Overview of study design and analysis plan (~500 words) | |
| B11. Key references (up to 10) | |
| **Section C: Acknowledgment by applicant** | |
| I confirm that the information provided above is true and accurate, and I agree to comply with and be bound by NPM terms and conditions, including:   * *I recognize that NPM leadership intends to author a series of primary manuscripts based on the SG10K\_Health Precision Medicine Dataset, and that proposals should not overlap these primary manuscripts.* * *I agree: i. to ensure data are held securely, used only by the approved, named personnel for the purposes described in the application, ii. to make no attempt to re-identify individuals in the study, iii. to provide an annual report on study progress, and iv. to destroy the data at the end of the study, or when asked to do so by the DAC.* * *I agree to include NPM co-authors, or an “SG10K\_Health Consortium” author block in publications, as guided by the DAC.* * *I agree to recognize the support of NPM funding in the Funding section of manuscripts using specific wording provided by the NPM team.* * *I agree to utilize standardized terminologies and naming conventions (eg “SG10K\_Health”) as specified by the DAC, and to reference specific NPM publications if directed. I also agree to indicate the SG10K\_Health data freeze used in their manuscript* * *I agree to submit a copy of the manuscript prior to submission for approval by the Data Access Committee. This will include evaluation for intellectual property.* * *If I substantially change the proposed use of the data (eg change in analysis theme, change in lead or senior authors), I agree to submit a new data access form.* * *I agree to have my data request listed on a public web-site.* * *I agree to respect any specific requests made by the DAC in relation to this application.*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Requestor  Name of Requestor:  Designation:  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Institution Representative  Name of Institution Representative:  Designation:  Date:  ***In situations where non-compliance to these policies are discovered, the Committee reserves the right to block submission of manuscripts, and may consider contacting relevant journals to raise concerns. In situations where manuscript-related disagreements may arise, publication authors have the right to appeal to the Committee. Committee decisions related to appeals will be regarded as final.***  *Questions related to publications should be directed to the NPM Programme Coordinating Office, A\*STAR (contact\_npco@gis.a-star.edu.sg).* | |