



Center for Biophysical Assessment and Risk Management Following Irradiation (CBARMI)

Data Sharing Request Form

For the purposes of sharing data as widely and freely as possible in order to promote new research and new hypotheses while maintaining appropriate protections of proprietary and intellectual property (IP) and security of information, CBARMI has devised a Data Sharing Plan. As part of this Plan, Applicants are required to complete this “**CBARMI Data Sharing Request Form**” disclosing personal information as well as pertinent information about the potential use of CBARMI Data. The *Principal Investigator* in consultation with CBARMI Project and Core Leaders will make final decisions regarding all Data Sharing Requests.

Prior to release of any Data, the applicant will be required to enter into a “**CBARMI Data Sharing Agreement.**”

Please enter appropriate information from the online list of Data Available for Sharing

<http://radonc.urmc.rochester.edu/U19/u19datasharing.html>

Return form by email to: amy_huser@urmc.rochester.edu

Data Requested	Descriptor Code

Applicant Information	
Name:	Degrees:
University/Institutional Affiliation:	
Address:	
Address:	
City:	State:
Postal Code:	Country:
Phone:	Email:
Are you currently funded by a NIAID/CMCR grant?	
If yes, with which CMCR are you affiliated?	

Please provide a *brief but complete* description of your intended use of the data you are requesting. Further information may be requested by CBARMFI if necessary.

Intended Use of Data Requested

CBARMFI Use Only – Do not enter any information in this box				
Request Received	Discussion Date	Approval Date	Action	Dissemination Date