

# REQUEST FORM FOR ACCESS TO ANRS MIE STUDIES DATA AND/OR SAMPLES

The completion of the information boxes framed in red is mandatory.

Project full title	
Key words	

### 1. ADMINISTRATIVE INFORMATION

r	Tirst and last name
Project leader	First and last name
	Position
	Company/Institution
	Unit/Department
	First and last name of the
	Head of the Unit/Department
	Address
	E-mail
	Phone
Collaborator(s)	First and last name
For each	Position
collaborator,	Company/Institution
indicate	Address
	E-mail
	Missions in the frame of the
	project
	First and last name
	Position
	Company/Institution
	Address
	E-mail
	Missions in the frame of the
	project
	First and last name
	Position
	Company/Institution
	Address
	E-mail
	Missions in the frame of the
	project
	First and last name
	Position
	Company/Institution
	Address
	E-mail
	Missions in the frame of the
	project

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## 2. PROJECT PRESENTATION

Background and			
context			
Maximum 2000			
characters			
Project summary			
Maximum 2000			
characters			
Plain lay summary			
Maximum 500			
characters			
Main objective /			
hypothesis			
Secondary			
objectives			
Primary endpoint			
Secondary			
endpoints			
Studies of interest	If known, indicate from which study or studies you would like samples		
	and/or data		
Population(s) of	For each group, indicate number of subjects, inclusion and exclusion		
interest	criteria		
Required data			
Required samples	Indicate type and quantity, and if applicable number of time points		
Projected analysis	List the types of experiments that will be performed, and in particular <b>the</b>		
on samples	genetic analysis		
Expected duration	Estimated date for the beginning of the project		
of the project	Estimated date for the end of the project		
Transfer of	First and last name		
data/samples	Company/Institution		
In case of transfer of	Address		
data or samples to a	E-mail		
third party, indicate	Detail of samples/data transferred		
the details of the	Reasons for the transfer		
recipient	First and last name		
	Company/Institution		
	Address		
	E-mail		
	Detail of samples/data transferred		
	Reasons for the transfer		
L	I .		

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### 3. FINANCING OF THE PROJECT AND PREVIOUS EVALUATION

Financing	Yes, indicate the source of financing:	
	No, specify the proposed source of financing for the project:	
Scientific and/or ethic evaluation	If the project has already been evaluated, for example by an institutional review board or as part of an application for funding, provide the conclusions of the evaluation	

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4. COMMENTS	OR FURTHER DETAILS	
By signing this form, yo accurate and that the p	OF THE PROJECT LEADER ou certify that all the information provided in project will be conducted in accordance with in the European General Data Protection Regula	international standards of good
be transmitted to the f cohort is underway), I monitoring of the resea	ed on this form will be computerized by the A following recipients: members of the scientifi Direction of ANRS MIE, ANRS MIE staff do arch project. This data will be kept for the t count the duration of the project.	ic committee (when the study or edicated to the evaluation and
and rectify any persona	French Data Protection Act of 6 January 1978 of information. To exercise these rights, or if you under this scheme, please contact the Data rent.dpo@anrs.fr	ou have any questions about the
Place and date:	Signature:	

### 6. ADDITIONAL DOCUMENTS

- Transmit a list of peer-reviewed publications relevant to the project from the Head of the Unit/department within the previous three years.
- In case the project leader has never submitted any projects to ANRS MIE, transmit a curriculum vitae and a list of peer-reviewed publications within the previous five years.

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