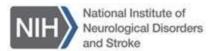# Request Agreement

As a condition of receiving the limited access dataset (the "Dataset"), the requestor and his/her institution or employer must agree to the following terms and conditions:

- The de-identified Dataset will be used only for the research purposes as described on the request form.

- Concluding the planned research, the research results, and any processes, methods, and tools developed from Dataset use **will be** placed in the public domain within a reasonable amount of time.

- The Dataset will be destroyed at the end of the research project.

- Sharing the Dataset with third parties is not permitted without the prior, written approval by NINDS.

- The original study PI, primary study publication, and the NINDS will be acknowledged in any publication derived from the Dataset use.

- NINDS has no obligation to provide any support, guidance, or assistance regarding use of the Dataset.

- Where appropriate, the requestor will work with the original PI.

THE DATASET IS PROVIDED "AS IS", WITHOUT WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE AND NONINFRINGEMENT. IN NO EVENT SHALL NINDS BE LIABLE FOR ANY CLAIM, DAMAGES OR OTHER LIABILITY OF ANY KIND.

USE OF THE DATASET BY RECIPIENT IS AT RECIPIENT'S OWN RISK.

National Institute of
Neurological Disorders
and Stroke

<u>Request Form</u> **(Required data is identified by a *)**

Send the completed form to CRLiaison@ninds.nih.gov.

<u>Dataset Being Requested</u>

Requested Trial Acronym*: _____ Trial ClinicalTrials.gov NCT #: _____

Trial Title*: _____

Trial PI Name*: _____

<u>Requestor Details</u>

Name*: _____ Email*:_____

Affiliation/Organization/ Institution/School*:_____

Authorized Institutional, School, or Entity Official's Name*:_____

<u>Scientific Purpose, Aims, Request Rationale:</u>

Check one:

_____ The planned research may become part of a publication. (On the anniversary date of data distribution, a
        questionnaire will be sent to you for follow up details)

_____ The planned research may not become part of a publication.

A brief bulleted study aim, goals, or purpose statement of your planned research.*

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<u>Agreement</u>

Requestors Name (Printed) * _____

Requestor's Signature*: _____ Date*: _____

<u>*NINDS Internal Review Use Only*</u>   Approved _____   Not Approved _____

Signature: _____ Date: _____
        NINDS Authorized Representative