

ANNEX 5.1. DATA REQUEST FORM

Title research protocol	
Name / title / function applicant	
Institute / department applicant	
Address applicant	
Tel / Fax / E-mail applicant	
Collaborating partners	
Summary research activities of the applicant (max. 2000 characters)	
Aim of the research / research question	
Is there medical-ethical approval for the research project?	
Patient population (diagnoses, in- and exclusion criteria)	
Type of data needed to perform the research (data elements)	
Financial support for the project (government, company, grant, personal investment, etc)	
How will the results be published / reported?	