**Application Form for Access to GoNL Data**

**PLEASE SUBMIT COMPLETED, SIGNED AND DATED FORM BY EMAIL TO: [h.h.m.lauvenberg@umcg.nl](mailto:h.h.m.lauvenberg@umcg.nl) AND BY FAX TO: +31-50 361 7230, WITH A COPY TO UNIVERSITY MEDICAL CENTER GRONINGEN, ATTN. PROF DR C.WIJMENGA ROOM E2.030 PO BOX 300019700 RB GRONINGEN THE NETHERLANDS**

1. **Name and position of the Applicant, including employment or affiliation with any organization**

Please ensure that a full postal and email address is included for each applicant.

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1. **Title of the study**

In less than 30 words.

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1. **Research Question**

Please describe the study in no more than 750 words. Include:

* 1. outline of the study design;
  2. an indication of the methodologies to be used;
  3. proposed use of the Project Data;
  4. preceding peer-reviews of the study (if any present);
  5. specific details of what you plan to do with the Project Data;
  6. timeline;
  7. key references.

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1. **Consent and Approvals**

If your proposed use of Project Data involves use of your own data, please confirm that you have obtained all approvals required by the rules and regulations of your jurisdiction, including your institution’s institutional rules, and the consent of your data subjects, for your use of your own data in the study, by ticking the following box: Yes, we have □.

1. **The nature and amount of Project Data applied for**

Please specify the sequence data you request access to.

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Please tick the boxes below, if you request any or all of the following associated phenotype data:

Age (within certain bins): □; Sex: □; Family structure: □.

1. **Resources, Feasibility & Expertise**

Please confirm that you have secured funding for your proposed use of the Project Data and that you will carry out your research within a reasonable period of time after the granting of this application: by ticking the following box: Yes, we will □.

Please describe your experience and expertise, and that of your collaborators, and how this will be applied to the proposed study (in 250 words).

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Please provide a list of recent publications (max. 10).

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1. **Access Conditions**

Please declare that you have read and agree to abide by the terms and conditions outlined in the GoNL Data Access Agreement and the Publication Policy attached hereto as Appendix 2, by ticking the following box: Yes, we will □.

Signed by:

……………………………………………………………. ………………………………….…………………………………….

Name of Applicant: Legal representative of Applicant’s Institution:

Affiliation of Applicant with Institution: Name of Applicant’s Institution:

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Place:………………………………………………….. Place:………………………………………………………………

Date:…………………………………………………… Date:……………………………..………………………………..

Stamp or Seal of Applicant’s Institution:

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