

QATAR PRECISION HEALTH INSTITUTE		 معهد قطر للرعاية الصحية الدقيقة Qatar Precision Health Institute عضو في مؤسسة قطر Member of Qatar Foundation
RESEARCH ACCESS DIRECTORATE		
QPHI PHENOPTYPIC/GENOMIC ANALYSIS DOWNLOAD FORM		
Document ID Code: QPHI-RES-FO-015	Rev 06	Page 1 of 4

Research Application No. _____

1. PROJECT DETAILS

Project Title	
Project Duration	
Proposed Start Date	
Grant Source	
Grant Number	

2. PRINCIPAL INVESTIGATOR'S DETAILS

Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

3. CO-APPLICANT'S DETAILS

Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

Research Application No. _____

4. CO-APPLICANT'S DETAILS

Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

5. PHENOTYPIC ANALYSIS DATA / FILES REQUESTED: (IF APPLICABLE)

Deliverable File Name	Details (File Format)	Details (File Size)	File path	Date (File Created on)

6. GENOMIC ANALYSIS DATA / FILES REQUESTED: (IF APPLICABLE)

Deliverable File Name	Details (File Format)	Details (File Size)	File path	Date (File Created on)

Research Application No. _____

7. Request to download Data Analysis Files:


1. Specify the type of analysis conducted on the data	
2. Do the requested files contain individual level data (Individual-level genomic data refers to any genomic data (complete or partial) associated with an individual subject ID (assigned by QPHI or created by the PI))? (In case of Individual level data requested in the download, PI to fill up the IRB amendment form)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If Yes, provide a detailed description of the data (number of participants, variation types, method of generation, etc.)	
4. Clarify the need of this individual level data outside the sealed environment.	

8. QPHI Access Office REVIEW & DELIVERY

Data Sharing Mode	
Any other comments:	
Research Access and Operations Director Signature and Date:	
Extract Team Signature and Date:	

9. QPHI REVIEW

Reviewed for Individual Level Data:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	
Signature:	

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Date:	
10. RECEIPT NOTE BY PI: (ACKNOWLEDGEMENT OF PHENOTYPIC/GENOMIC ANALYSIS DATA RECEIPT BY PRINCIPAL INVESTIGATOR)	
<p>This is to acknowledge receipt of Phenotypic/Genomic analysis data in expected condition. The use and storage of data should be in accordance with the signed MTA & NDA agreement of QPHI.</p> <p>In case the PI has any claim regarding the provided analysis data, the PI should communicate to the Research Access Directorate using the ACCESS CLAIM FORM QPHI-RES-FO-013 within 15 days of receipt of the data. No further claims will be entertained as per the MTA agreement signed by recipient (PI).</p>	
Principal Investigator: Name: Signature and Date:	