

Research Application Number:

Part 01 – Claim

To be filled by the Principal Investigator (PI)

Name of the Principal Investigator	«pi_name»
Project title	«project_title»
Project Study	«QBB Cohort / QBiC Study/ COVID Study/ Stroke Study»
Claim on:	<input type="checkbox"/> Data received <input type="checkbox"/> Sample received.
As per Annexure- ACCESS RECEIPT FORM QPHI-RES-FO-007	
Date of receiving the data/sample:	
Brief description of the clarification (for claim) requested on the data/sample received:	
Date of Claim registered:	Signature of PI:

Part 02 – Review and Assessment

To be filled by the RESEARCH ACCESS DIRECTORATE

Name of receiver:	Signature of receiver:
Assigned to <input type="checkbox"/> IT Project Manager <input type="checkbox"/> Clinic Manager	Date of Assignment:

To be filled by the IT/ Lab Manager (Process Owner)

Details of the review of clarification made:

Data :

Can the clarification be accepted Yes No

If yes, reason:

If no, reason:

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Sample: Can the clarification be accepted <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason: If no, reason:	
Date:	Signature of the Investigator:

Part 03 – Approvals/ Decision

To be filled by the RESEARCH ACCESS DIRECTORATE

Date of review of the decision by the Director:	
Can the decision be upheld <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, state the reason:	
Date:	Signature of the CSO
Date of communication to the PI on the decision:	
Date:	Signature of the Research Access and Operations Director

Part 04 – Acknowledgement

To be filled by the Principal Investigator (PI)

Name of the Principal Investigator:	
Date:	Signature: