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<http://www.allianceforclinicaltrialsinoncology.org>

Data Sharing Request Form Alliance for Clinical Trials in Oncology

Date:

Requestor:

Name:

Title:

Institution:

Address:

Phone:

Fax:

Email Address:

Is this planned to be an Alliance project? (*An Alliance project is defined as research conducted by an Alliance investigator in conjunction with an Alliance biostatistician. Alliance projects are subject to review by the Alliance Study Concept Review Committee, and should be discussed with the appropriate Alliance committee chair.*)

Biostatistician Contact Information:

Name:

Title:

Institution:

Address:

Phone:

Fax:

Email Address:

Data requested from the following Alliance studies (eg, study number, title, etc., if known):

Return completed form to SCRC coordinator (concepts@alliancenctn.org)

Data Elements Requested:

Preferred Data Format: _____

Purpose of Data Request (Please provide a description of the proposed use of the Alliance data to be provided, including title of the project):

****If request is approved, Requestor Investigator will be asked to provide documentation of IRB approval or exemption prior to the release of the data.**

Return completed form to SCRC coordinator (concepts@alliancencn.org)