

## Request for access to DNDi clinical data

<p><b>Details of requestor</b> including</p> <ul style="list-style-type: none"> <li>• name</li> <li>• institutional affiliation</li> <li>• contact details</li> <li>• research CV</li> </ul>	
<p><b>Details of dataset(s) requested</b> including</p> <ul style="list-style-type: none"> <li>• nature of data request</li> <li>• study number / identifier / title</li> <li>• indication</li> </ul>	
<p><b>Details of proposed research</b> including</p> <ul style="list-style-type: none"> <li>• outline</li> <li>• proposed methodology</li> <li>• funding sources</li> <li>• ethical considerations including approvals sought or to be sought</li> <li>• details of collaborators, sponsor, investigator(s) and institution(s) involved</li> <li>• lay summary</li> <li>• expected outcomes</li> <li>• expected duration</li> </ul>	
<p><b>Plans for publication of results</b> including</p> <ul style="list-style-type: none"> <li>• Confirm by signing this box and describe how the Requestor commits to share data and results with DNDi</li> <li>• Confirm by signing this box and describe how the Requestor intends to seek open-access publication</li> </ul>	

Please submit your completed data request form to: [CTdata@ndi.org](mailto:CTdata@ndi.org)