

Appendix B
NMDP DATA REQUEST FORM

REQUESTOR INFORMATION (required)

Date: _____		Need data by: _____	
Name of requestor: _____			
NMDP Network Center # (if applicable) _____		For profit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Institution name: _____			
Address: _____			
City: _____		State: _____	ZIP: _____
Country: _____			
Phone: _____		Fax: _____	
E-mail: _____			

TYPE OF REQUEST

<input type="checkbox"/> Patient-Counseling Request (information may not be published or presented in any way) <ul style="list-style-type: none"> <input type="checkbox"/> Survival data <input type="checkbox"/> Demographic data 	
<input type="checkbox"/> One-Time (Focused) Data Request <ul style="list-style-type: none"> <input type="checkbox"/> Outcomes data <input type="checkbox"/> HLA data <input type="checkbox"/> Demographic data <input type="checkbox"/> Other _____ 	
For use:	<input type="checkbox"/> For presentation (must be reviewed and approved prior to presentation) <input type="checkbox"/> For publication (must be reviewed and approved prior to publication) <input type="checkbox"/> Other _____
<input type="checkbox"/> Center-Specific Request (for use in internal review at center or with collaborating centers) <ul style="list-style-type: none"> <input type="checkbox"/> Patient-specific or donor-specific data (center requesting own data) <input type="checkbox"/> Center-specific data (center requesting own data) <input type="checkbox"/> Center-specific data (center requesting other centers' data; requires that written permission be obtained from other centers) 	

DESCRIPTION OF DATA

On a separate, attached sheet, type or print a complete description of the data being requested.

I understand that my request may be used only for the purposes described in the NMDP Research Policy. I further understand that any abstract, presentation, poster, electronic distribution of information or manuscript that is developed as a result of these data must be submitted to and approved by the NMDP before I submit, publish or post these data in any way.

Requestor's Signature

Date