#### REQUEST FOR ACCESS TO RESEARCH MATERIALS AND DATA

*The completed electronic version of the request and its scanned copy with the handwritten signature of the person submitting the request, accompanying documents (if any) should be sent to:* *info@phc.org.ua**.*

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| **1. CONTACT INFORMATION**  |
| 1.1. Requester’s surname\*: |  |
| 1.2. Requester’s name\*: |  |
| 1.3. Requester’s middle name *(optional)* \*: |  |
| 1.4. Requester’s place of work and position\*: |  |
| 1.5. Academic degree of the requester (specify if any) \*: |  |
| 1.6. Requester’s mailing address\*: |  |
| 1.7. Requester’s E-mail\*: |  |
| 1.8. Requester’s telephone number\*: |  |
| Only if the request is made by the legal entity: |  |
| 1.9. Name of the legal entity: |  |
| 1.10. Mailing address of the legal entity |  |
| 1.11. E-mail address of the legal entity: |  |
| 1.12. Telephone number of the legal entity  |  |

*\* If the request is submitted by a representative of a legal entity, information about the representative shall be provided and duly certified documents confirming the powers of such representative shall be attached to the request.*

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| **2. INFORMATION ON THE REQUESTED MATERIALS AND DATA** |
| 2.1.  | Research title, year(s): |
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| 2.2.  | Type of materials or data requested *(for example, protocol, dataset etc.):* |
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| 2.3.   | Preferred format of materials or data requested *(for example, .pdf, .sav etc.):* |
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| 2.4.  | Description of the requested variables *(if dataset is requested, describe what variables are required):* |
|  |
| 2.5. | Intended date of use and its justification: |  |
| 2.6. | Actual or potential conflicts of interest in the use of the data/materials |  |
| 2.7. | Persons who will have access to materials or data (name/surname, role in the team, place of work and position) |  |

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| **3. RATIONALE FOR THE REQUEST** |
| 3.1.   | Purpose of data/materials use: |
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| 3.2.  | Rationale for the request *(please describe in detail what activity or project will use the materials or data; how they will be used; why it is important to use them)*: |
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| 3.3.  | Expected benefits from using the requested data/materials: |
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| 3.4.  | Expected terms of use of the requested data/materials: |
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| Preferred way to receive a response about the results of the request (please specify): |
| □ by e-mail |
| □ by mail |
| □ by phone |

I confirm that the information I have provided in my request is true and correct in all respects.

I confirm that the materials and data will only be used for the purposes specified in the request.

I confirm that only the persons specified in the request will have access to the materials and data.

I undertake not to disclose or publish any materials and data in any form or format without prior notice to the "Public Health Centre of the Ministry of Health of Ukraine".

I understand that violation of these obligations may result in rejection of future requests for materials and data from me or from the organization I represent.

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| Date | Signature |
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