**PTN Data Sharing Request Form**

To: Katherine Berezny

 katherine.berezny@duke.edu

From: Requestor name, title, institution

Date: Enter date of request

Re: Data Sharing Request

In order to maintain a list of data recipients and planned usage, we ask that you follow the process below.

1. Complete the attached “Data Sharing Request” form and submit to Katherine.berezny@duke.edu.
2. A data sharing agreement will have to be executed following PTN approval of Data Sharing Request Form.

 *For Office Use only*

*Date received:*

*Project code assigned:*

## Data Sharing Request Form

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| Before completing this form, see attached instructions and example.Attach additional pages if necessary. E-mail to Katherine Berezny at the DCRI **E-mail:** Katherine.berezny@duke.edu  |

**Requestor name**:      **Telephone:**

**Address:**

**Email:**

**Purpose for data requested:**

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**Study name or Clinicaltrials.gov #:**

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