

Data Sharing Request Form



**PEDIATRIC
TRIALS NETWORK**

Making drugs safer & more effective
for use in the youngest patients

Before completing this form, see attached instructions and example. Attach additional pages if necessary.

E-mail to PTN Project Manager at: PTN-Program-Manager@dm.duke.edu

SECTION I: BASIC INFORMATION

Requestor name: _____

Address: _____

Telephone: _____

Email: _____

Purpose for data requested:

Study name or Clinicaltrials.gov #:

Study population: (check one)

☐ Entire population

☐ Subpopulation → Specify inclusion/exclusion criteria if pertinent to data request):

You may provide any additional information in Section II if you believe helpful to better understand your request. Completion of Section II is required if requesting statistical support.

PTN approval:

Date: _____

PTN comments:

SECTION II: STATISTICAL SUPPORT

(required if requesting statistical support)

Describe support desired:

Primary hypothesis:

Secondary question(s):

Endpoints:

Type of analyses needed:

Descriptive:

Statistical modeling (if time):

Funding source:
