

Project Submission Registration Form for US Database Access

Full professors, associated and assistant professors are allowed to personally sign this document. All other applicants need to obtain the signature of the professor in charge, the head of the institute, or the head of the faculty.

Proposal Title:	<input type="text"/>		
Acronym:	<input type="text"/>		
Database:	NIH dbGaP <input type="checkbox"/>	NIMH <input type="checkbox"/>	If other, please specify:
Number of requested data packages:	<input type="text"/>		
Data use start (estimated):	<input type="text"/>	Data on Human Subjects	yes <input type="checkbox"/> no <input type="checkbox"/>
Duration in months:	<input type="text"/>	Data on Animal Subjects	yes <input type="checkbox"/> no <input type="checkbox"/>

By signing this document, I commit to read and adhere to:

(NIH) Security Best Practices for Controlled-Access Data Subject to the GDS Policy
Data Use Certification Agreement
Code of Conduct

- Are any ethical issues to be considered?	yes <input type="checkbox"/> no <input type="checkbox"/>
- Does your research have potential for dual use?	yes <input type="checkbox"/> no <input type="checkbox"/>
- Is US-export controlled technology involved in your project?	yes <input type="checkbox"/> no <input type="checkbox"/>
- Is it ok to read your name in the media in relation to this project?	yes <input type="checkbox"/> no <input type="checkbox"/>
- List any other relevant consideration:	<input type="text"/>

- Project Content (for the attention of VP Research):

Scientific Person in Charge:

Confirmation

Hereby I confirm that I have submitted the above mentioned proposal or have been informed about its submission. If the project is accepted, the infrastructure necessary for the project's implementation will be made available by the appropriate ETH unit.
I also confirm that at the date of submission I do not have any Financial Conflict of interest corresponding to ETH's FCOI policy related to US-government funded research.

Family Name / First Name / Position:	Date & Signature of Entitled Person (see above):
<input type="text"/>	<input type="text"/>

Please send the completed and signed form as a scan to: grants@sl.ethz.ch

In case of questions, please contact EU GrantsAccess per phone or e-mail | T: +41-44 634 53 50