

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:			
Acronym:			
Database:	NIH dbGaP 🗌 If oth	er, please specify:	
Number of requested data packages:			
Data use start (estimated):		Data on Human Subjects	yes 🗆 no 🗆
Duration in months:		Data on Animal Subjects	yes □ no □
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 Agree	ment:		
Code of Conduct:			
- Are any ethical issues to be considered?		yes 🗆 no 🗆	
- Does your research have potential for dual use?		yes 🗆 no 🗆	
- Is US-export controlled technology involved in your project?		ect? yes 🗆 no 🗆	
- Is it ok to read your name in the media in relation to this project?		project? yes 🗆 no 🗆	
- List any other relevant consideration:			
- 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 UZH unit. I also confirm that at the date of submission I do not have any Financial Conflict of Interest corresponding to UZH's FCOI policy related to NIH funded research.			
Family Name / First Name / Position:		Date & Signature of Enti	tled Person (see above):