Application number SHARE\_ (Admin use)

**SHARE Biobank Sample and / or Data Request**

**This application form is to access samples and data from The Scottish Health Research Register and Biobank.** If you have any queries about how to complete the form or want to discuss before completing, please contact us by phone on 01382 383230/383235[**studies@registerforSHARE.org**](mailto:studies@registerforSHARE.org)We are happy to help.

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| **Important Please Note**: Please complete **ALL** fields | |
| **Project Working Title/Acronym:** |  |
| **How many samples do you require from SHARE?** |  |
| **Type of sample requested:** | DNA  whole blood  plasma  serum |
| **Data requested (including genomes):** | Yes  No |
| **Duration of study:** | Start date: End date: |
| **SHARE Biobank study number:** (Admin use) | (Admin use) |
| **Committee approval date:** (Admin use) | (Admin use) |

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| **Applicant / Recipient & Study Co-ordinator Details**: | |
| Recipient Title/Full Name: | |
| Registered Address: | Postcode: |
| Organisation /Company : |  |
| Daytime Telephone Number: | |
| Email: | |
| **Principal Investigator Details**: |  |
| Title/Full Name: | |
| Address: | Postcode: |
| Organisation /Company : |  |
| Daytime Telephone Number: | |
| Email: | |
| **All Collaborating Groups: (please list all groups/institutions involved in this research study)** | |
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| **Project Details:** | |
| **Project Description: Study Summary** (approx. 500 words) | |
| **Primary Research Question:** | |
| **Secondary Research Question:** | |
| **Method:** | |

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| Please include ICD 10/BNF/GP Read (or SNOMED) codes you would like SHARE to search on.  [ICD 10 2016 version](https://icd.who.int/browse10/2016/en#/)  [GP Read/SNOMED at NHS England](https://nhsengland.kahootz.com/t_c_home/viewDatastore?dsid=407588&adv=&showAllColumns=N&datViewMode=list&showSingleItem=N&cardColNo=)  [Open Prescribing BNF codes](https://openprescribing.net/bnf/)  Please be as comprehensive as possible: | |
| **Inclusion Criteria**  **Please include all relevant ICD 10/BNF/GP READ (or SNOMED) codes that will be used to search SHARE**  ***(please be as comprehensive as possible)*** | **Exclusion Criteria**  **Please include ICD 10/BNF/GP READ (or SNOMED) codes you would like SHARE to search on (mandatory)**  ***(please be as comprehensive as possible – examples below)*** |
| Demographic characteristics  List all relevant characteristics (e.g. age range, gender) e.g.   * Males aged 45-79 (inclusive at selection)     Diseases (if required)  List all relevant ICD-10 Codes e.g.   * Insulin dependent diabetes ICD-10 (E10) * Identifiable from: [ICD 10 2016 version](https://icd.who.int/browse10/2016/en#/) * Or GP read/SNOMED codes, identifiable from [GP Read/SNOMED at NHS England](https://nhsengland.kahootz.com/t_c_home/viewDatastore?dsid=407588&adv=&showAllColumns=N&datViewMode=list&showSingleItem=N&cardColNo=)     Medicines (if relevant)  List all relevant BNF codes e.g.   * BNF codes: Short acting insulin 6.1.1.1, and Intermediate and long-acting insulin 6.1.1.2 * Identifiable from: [Open Prescribing BNF codes](https://openprescribing.net/bnf/) | Demographic characteristics  List all relevant characteristics (e.g. age range, gender) e.g.   * Males 18-44 inclusive     Diseases (if required)  List all relevant ICD-10 Codes e.g.   * Major psychiatric illness ICD-10 (F00–09, F20-29, F30-31)      Medicines (if relevant)  List all relevant BNF codes e.g.   * Insulin (BNF Section 6.1.1.) * Anti-Parkinsonian agents (4.9) |

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| **Funding Details:** |
| **Funder**: (please state source of funding)    [**Eligibly Funded**](http://www.sspc.ac.uk/spcrn/ELIGIBLE%20FUNDERS.pdf)**:**  (NHS support/NHS Support for Science/Eligible Funders/Research Councils/Charities)  **Commercial**:  **Other** (e.g. endowment):  Please explain .......………………………………………………………………………………………………………………………………….. |
| Funding Amount:  £ |
| Name of Sponsor: |
| **Project Data Set:** |
| 1. **Does your project require Phenotypic Data?**   YES  NO   e.g. demographic, clinical (hospital visits, prescribing, lab tests).  This type of data can be linked, de-identified and made available in the HIC safe haven and also provided externally in a derived, summarised form (i.e. no dates).  Do you require data from:  **GoSHARE**  YES  NO  **GoDARTS**  YES  NO  **Derived data (GoFUSION)**  YES  NO  If Yes please provide details about what data is required:  **GoSHARE:** Genetics of the Scottish Health Research Register. Consented data from people registered with SHARE biobank.  **GoDARTS**: Genetics of Diabetes Audit and Research Scotland. Consented data from people registered with GoDARTS, for use with Diabetes-related studies.  **GoFUSION**: Linked, derived data from both GoDARTS and GoSHARE which is de-identified and available for research via this application form.  Please note that for access to GoDARTS data, the consent requires the study to be diabetes related. Please outline your study’s relationship to diabetes or diabetes related conditions. |
| 1. **Does your project require DNA?  YES  NO**   If Yes please complete following;  Quantity of DNA required: ……..(μg) per sample/subject  Minimum Concentration: ……… (ng/μl)  If your request is for greater than 2 μg per samples please justify the size of the sample you have requested:  **………………………………………………………………………………………………….……………………………………………...**  **What is the DNA for?**  SNP Analysis How many SNP’s approx: …………..  Micro-satellites How many approx: …………….  Sequencing What length approx: …………....  Structural DNA work (including copy number)   1. **Will the project analyse samples from all available subjects in the cohort study?**   **Yes  No**  please define the subset required (this information is important):  **……………………………………………………………………………………………………………………………………………..**   1. **Will your DNA require special requirements for preparation, storage or transport?**   **Yes  No**  If YES, please specify  **……………………………………………………………………………………………………………………………………………..**   1. **Please provide a copy of the protocol(s) to be used for laboratory processing and analysis, including Q.A./Q.C. documentation.** If you are seeking access to a finite resource, protocols may be sent in confidence for external scientific peer-review.   **Declaration: I agree to return the genotypes that are generated under this project to SHARE to support future research based on the resource.**  **Signed (P.I.): ………………………………………….. Date: …………………….** |
| 1. **Biological samples:**   **Will the project require access to frozen**  **whole blood**  **Plasma or** ☐**Serum** (limited supply)   1. On how many subjects? ……….. 2. What minimum quantity is required from each subject? ………. 3. What is the justification for the volume/quantity requested?   …………………………………………………………………………………………………………………………………..   1. Will the project process all available samples from the cohort study?   Yes No   1. Will the biological samples have any special requirements for preparation, storage or transport?   If “yes“ please specify:  ……………………………………………………………………………………………………………………………………...   1. Please provide a copy of the protocol(s) to be used for laboratory processing and analysis.   If you are seeking access to a finite resource, protocols may be sent in confidence for external scientific peer-review.  **Declaration:** I agree to return the results of assays that are undertaken during this project to the  SHARE database to support future research based on the resource.  Signed( P.I.): ………………………………………………. Date: ………………………. |
| 1. **Genome wide genotype data** 2. Do you require genomic data?   Yes No   1. How many samples? ………….. 2. Please provide a copy of the protocol(s) to be used for laboratory processing and analysis, including Q.A./Q.C. documentation. If you are seeking access to a finite resource, protocols may be sent in confidence for external scientific peer-review.   **Declaration:** I agree to return the data that is generated under this project to SHARE to support future research based on the resource.  Signed (P.I.): …………………………………………….. Date: ………………………. |
| 1. **Other genotype data:** 2. Do you want any other genotype data generated from SHARE?   If “Yes” please specify what is required:  ……………………………………………………………………………………………………………………………..….   1. Non-genotype data are held at the Health Informatics Centre Data Archive at the University of Dundee.   If you require access to this please indicate which variables and justify your request.  …………………………………………………………………………………………………………………………………. |
| 1. **New variables to be created by your project** 2. Will any new variables be derived or produced under the project be of value to other users of the resource in future? If “yes” please describe what variables.   ………………………………………………………………………………………………………………………………………………….   1. Please note that any variables generated from this must be returned to SHARE (in accordance with any agreed embargo period) to enhance the value of the SHARE resource. Please list all new variables.     List of variables …………………………………………………………………………………………………………………………………………… |
| **DECLARATION (to be completed by the Applicant)**  **I confirm that I have read the above application and that the information contained in it is true to the best of my knowledge.**  **The data and samples from the SHARE Biobank resource can be used for commercial purposes subject to the terms of the Data & Material Transfer Agreement (DMTA) that must be entered into by the Applicant /Recipient if the application is approved by the SHARE Studies Access Committee.**  **I understand that if I undertake work that might potentially be viewed as commercial I must first obtain explicit approval to do this from the SHARE Biobank Access Committee and obtain the necessary approval in writing required under the DMTA.**  **I understand that I must not pass on any data or samples, or any derived variables or genotypes, generated by this application to a third party not already listed on this application.**  **I understand that if a problem arises involving any misuse of the SHARE data or samples provided for my project - I (Applicant) will be held responsible and that this might result in my being excluded from using the SHARE resource in future and may be reported to the Information Commissioner’s Office (ICO).**  **I acknowledge that Personal Data (Pseudo-identifiers re-identifiable by SHARE at individual-level) and associated data will form part of the Project Data Set.**  **Signature (P.I.):** ……………………………………………………………. **Date:** ………………………………...  **Print Name:** …………………………………………………………………...    **(Please include PDF of signed application in the electronic application to SHARE)** |
| |  |  | | --- | --- | | **SHARE Studies Team support**  **Louise Dow** [**l.z.dow@dundee.ac.uk**](mailto:l.z.dow@dundee.ac.uk)  **Shobna Vasishta** [**s.vasishta@dundee.ac.uk**](mailto:s.vasishta@dundee.ac.uk)  **Share Office Tel. 01382 383230/ 383235** | **SHARE Biobank Director:**  **Professor Colin Palmer PhD**  [**c.n.a.palmer@dundee.ac.uk**](mailto:c.n.a.palmer@dundee.ac.uk)  **enquiries@registerforshare.org** | |

Please email completed and signed form to [studies@registerforshare.org](mailto:studies@registerforshare.org) and [l.z.dow@dundee.ac.uk](mailto:l.z.dow@dundee.ac.uk)