

# Rapid Acceleration of Diagnostics (RADx<sup>SM</sup>) Data Sharing & Submission Information

Version 12/2020

Provide the information listed below and return to your NIH Program Officer (PO).

Checklist of required documents:

- [Institutional Certifications](#)
- RADx<sup>SM</sup> Data Sharing & Submission Information

## PART I – Study Registration Information

Study name:

Is this a multi-center study?

Yes  No

**If YES, list participating sites:**

Data will be submitted (choose one):

By date (MM/DD/YYYY) \_\_\_\_\_

Data will be submitted by batches over Study Timeline

(e.g. based on clinical trial enrollment benchmarks)

Specify:

Target data delivery date: (MM/DD/YYYY)

Target public release date: (MM/DD/YYYY)

Number of gigabytes of data to be deposited:

Estimated number of study participants:

The data are to be made available through:

Unrestricted access  Controlled Access

- RADx<sup>SM</sup> Data Hub
- Sequence Read Archive (SRA)
- Array Express
- ClinVar
- dbGaP
- dbVar
- dbSNP

- ENA
- GenBank
- GEO
- MGI
- Trace Archive

Other (list all):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART II – Principal Investigator (PI) and Funding Information

PI Name:

PI E-mail:

PI Institution:

PI assistant/data submitter name:

PI assistant/data submitter e-mail:

Do you have an eRA Commons account?  Yes  No

If **YES**, go to the next field.

If **NO**, register at <https://public.era.nih.gov/commons/public/registration/registrationInstructions.jsp>

NIH Grant or Contract Number:	NIH Program Officer:
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NIH Institutes/Centers supporting the study:

**PART III – Policy**

Do you have **Institutional Certifications (IC)** to submit these data?  Yes  No

The **Data Use Limitations (DUL)** are based on the informed consent given by each research participant. For every research participant, his/her corresponding data will be tagged with the appropriate DUL. Each study may have multiple DULs, based on the informed consent in the study.

If **YES**, send Institutional Certification(s) to the NIH Program Officer, along with this document.

If **NO**, obtain the Institutional Certification from your Institutional Official. dbGaP requires that the sponsoring NIH Institute/Center IC verifies that this certification has been met.

**PART IV – Study Description**

**Study type(s) (e.g. collection, longitudinal, case-control, case set, control set, parent-offspring trios, cohort):**

**Check all data types expected for this study:**

Species	General Data Types		
Human Data	Behavioral	Genotyping	Physical Activity
Non-Human Data	Clinical	Imaging	Proteomic
<b>Sample Collection</b>	Cognitive	Immological	Psychological
Existing (Legacy)	Electronic Medical Records	Individual Genotype	Questionnaires/Surveys
Prospective Sample	Environmental (Physical)	Individual Phenotype	Social
<b>Genomic</b>	Family History	Individual Sequencing	Supporting Documents
Aggregate Data	Genomic	Metabolomic	
Individual-level Data	Other (specify):	Metagenomic	
Non-human Data			
Other (specify):			
<b>Phenotype</b>			
Aggregate Data			
Individual-level Data			
Non-human Data			
Other (specify):			
<b>Sample Types</b>			
DNA From Repository			
Name: _____			
Germline Microbiome			
Mitochondria RNA			
Single Cell Tumor/Natural			
Other (specify):			

**Genomic Data Types**

Genotype	Sequencing	Analyses	Array Data
Array CGH CNVs	16S rRNA	Array-derived Expression	Expression Array
Array-derived Genotypes	Epigenomic Marks	Array-derived Methylation	Methylation Array
CNV calls derived from Sequencing	Sanger	Association/Linkage Results	SNP Array
CNV calls from microarray	Targeted Exome	RNA Seq derived Expression	Other (specify):
Genotype calls derived from Sequence	Targeted Genome	Other (specify):	
Non-human data	Targeted Transcriptome		
Somatic SNV (.MAF)	Whole Exome		
Other (specify):	Whole Genome		
	Whole Transcriptome		
	Other (specify):		

Genotype/Sequence Platform Information (If Applicable)				
Name and version	Vendor	# Probes	URL	Description (optional)
<i>Example: [GenomeWideSNP_6] Affymetrix Genome-Wide Human SNP 6.0 Array</i>	<i>Affymetrix</i>	<i>1880794</i>	<i><a href="http://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GPL6801">http://www.ncbi.nlm.nih.gov/geo/query/acc.cgi?acc=GPL6801</a></i>	

#### PART V – Acknowledgement Statement(s)\*\*\*

The submitting PI should provide specific points that should be included in an acknowledgement, such as sources of support or collaborators who have made subjects or samples available. Any NIH support must be specifically acknowledged by including the grant number. Consider citing a specific publication that comprehensively describes the origin of the dataset.

The suggested Acknowledgement Statement to accompany the dataset is:

#### PART VI – Original Summary of Study

Provide an original description of the study.<sup>1</sup>

#### PART VII - Consent Groups

The NIH promotes the broad and responsible sharing of research for ‘general research use’. However, NIH also recognizes that in some circumstances broad sharing may not be consistent with the informed consent of the research participants whose data are included in the dataset. A data use limitation (DUL) statement is a brief written description of limitations, if any, on the distribution and use of human data submitted to controlled-access NIH designated data repositories, such as the NIH database of Genotypes and Phenotypes (dbGaP). Limitations on the data use should be described in the [Institutional Certification](#). NIH provides [Points to Consider in Developing Effective Data Use Limitations](#) that are developed based on the original informed consent from the participants.

<sup>1</sup> If the submitting institution certifies that aggregate data from a project can be included in the Compilation, then a study description for the aggregate data should be provided in addition to a description for the individual data.

<b>Data contains:</b>		<input type="checkbox"/> Controlled Access Data	<input type="checkbox"/> Public Access Data
If your data <b>does NOT contain</b> Controlled Access Data, <b>skip to Part IX.</b>			
If your data <b>does contain</b> Controlled Access Data, <b>select all relevant consent group categories:</b>			
<b>Consent Group Category</b>		<b>Data Use Limitations</b>	
<input type="checkbox"/> <b>General Research Use</b>		Use of the data is limited only by the terms of the Data Use Certification (DUC)	
<input type="checkbox"/> IRB approval required		Requestor must provide documentation of local IRB approval	
<input type="checkbox"/> Publication required		Requestor agrees to make results of studies using the data available to the larger scientific community	
<input type="checkbox"/> Collaboration required		Requestor must provide letter of collaboration with the primary study investigator(s)	
<input type="checkbox"/> Not-for-profit use only		Use of the data is limited to not-for-profit organizations	
<input type="checkbox"/> <b>Health/Medical/Biomedical</b>		Use of the data is limited to health/medical/biomedical purposes, does not include study of population origins or ancestry	
<input type="checkbox"/> IRB approval required		Requestor must provide documentation of local IRB approval	
<input type="checkbox"/> Publication required		Requestor agrees to make results of studies using the data available to the larger scientific community	
<input type="checkbox"/> Collaboration required		Requestor must provide letter of collaboration with the primary study investigator(s)	
<input type="checkbox"/> Not-for-profit use only		Use of the data is limited to not-for-profit organizations	
<input type="checkbox"/> <b>Disease-Specific</b>		Use of the data must be related to the specified disease	
<input type="checkbox"/> IRB approval required		Requestor must provide documentation of local IRB approval	
<input type="checkbox"/> Publication required		Requestor agrees to make results of studies using the data available to the larger scientific community	
<input type="checkbox"/> Collaboration required		Requestor must provide letter of collaboration with the primary study investigator(s)	
<input type="checkbox"/> Not-for-profit use only		Use of the data is limited to not-for-profit organizations	
<input type="checkbox"/> Related conditions		Use of data includes disease XX and related conditions (Describe and include examples):	
<input type="checkbox"/> <b>Other</b> (describe):			
<b>dbGaP Collections (For Genomic Data Only)</b>			
<b>Is the aggregate-level genomic data appropriate for General Research Use?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , do you agree to add your aggregate-level data to the <a href="#">Compilation of Aggregate Genomic Data for General Research Use</a> , a collection of analyses across many dbGaP studies that can be accessed with a single Data Access Request? <b>NOTE:</b> This should be consistent with the Institutional Certification		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is the individual-level data appropriate for General Research Use?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , do you agree to add your individual-level data to the <a href="#">dbGaP Collection: Compilation of Individual-Level Genomic Data for General Research Use</a> , a collection of analyses across many dbGaP studies that can be accessed with a single Data Access Request? <b>NOTE:</b> This should be consistent with the Institutional Certification		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PART IX – Routing Sheet**

**If filled out electronically, the “Fill and Sign” tool can be used to electronically sign this document.**

\_\_\_\_\_  
**Principal Investigator (Print Name)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal Investigator (Signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Program Officer (Print Name)**

\_\_\_\_\_  
**Program Officer (Signature)**