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| Recipient Information Lead Applicant | |
| Name |  |
| Host organisation |  |
| Address |  |
| Email |  |
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| Co-applicant/Contact (add additional boxes as required) | |
| Name |  |
| Host organisation |  |
| Address |  |
| Email |  |

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| Project Details | |
| CI (if different to Lead Applicant): |  |
| Project title: |  |
| Sponsor: |  |
| Sponsor contact: |  |
| If no Sponsor, provide reason: |  |
| Has the project been peer reviewed? | Yes/No |
| Has the project been funded? | Yes/No |
| Funder (or anticipated funder): |  |
| Proposed start date: |  |
| Proposed end date: |  |
| Brief Project Outline (attach full funding application if funded): | |
|  | |
| Additional ethical approval required: | Yes/No |
| If YES provide REC reference and approval date: |  |
| If no, provide reasons: |  |

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| Cohort Details Provide details of the cohort population  Use one row for each criteria |
| **Criteria**  *E.g. Age, sex, SIMD, smoking history, EarlyCDT test positive etc.* |
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| ECLS Dataset requested Select from ECLS eDRIS datasets document  Add additional rows if required | |
| **Description of Data set**  *E.g. adverse events, lung cancer, smoking behaviour* | **Criteria/Filter**  *E.g. baseline, all visits etc.* |
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| Non-ECLS Dataset requested Provide details of additional HIC data sets. It is recommended that you contact HIC before submission of this form.  Add additional rows if required | |
| **Description of Data set** | **Criteria/Filter** |
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| Approvals | |
| **To be completed by Lead Applicant** | |
| I agree that the use and storage of this data will be limited to the research specification detailed in this application and is governed by the terms and conditions of the Health Informatics Centre, University of Dundee, Data Access Agreement.  I agree to ensure that any publication or presentation based on the data provided under this request will acknowledge the ECLS collaboration as follows or similar:  “This work uses data provided by participants of the ECLS trial. We are extremely grateful to the ECLS trial collaboration for the provision of data and the generosity of the participants for their contribution.” | |
| Name: |  |
| Signed: |  |
| Date: |  |
|  | |
| **To be completed by Co-applicant** | |
| I agree that the use and storage of this data is governed by the terms and conditions for the Health Informatics Centre University of Dundee Data Access Agreement. | |
| Name: |  |
| Signed: |  |
| Date: |  |