Use the following form to collect the information you will need to enter to submit your request. Once you have all of the information listed here, log into the portal and submit your request by copying and pasting the information collected here into the appropriate fields. Fields with an asterisks (\*) indicate required fields.

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| **Data Request Information** |  |
| Please enter Title of Proposed Research. [This will be the title of the request. After you submit the request, you can track the progress of this request by looking for the request with this title in the **My Requests** page of the portal.] |  |
| Title\* |  |  |
|  |  |  |

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| **Primary Researcher Contact Information** |  |
| The Researcher`s curriculum vitae (CV) must be submitted along with this proposal. |  |
| Name\* |  |  |
| Title\* |  |  |
| Institution\* |  |  |
| City\* |  |  |
| State/Province\* |  |  |
| Country\* |  |  |
| Phone\* |  |  |
| Fax |  |  |
| Email\* |  |  |
|  |  |  |

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| **Primary Research Team** |  |
| Provide the names of the research team members (other than the primary researcher and statistician) as applicable. Any change in membership will need to be communicated to the AZ Group of Companies (please see FAQ section for more information). If none, enter "None."[Space is given for 4 team members. Copy and paste the rows if more members are needed.] |  |
| Name\* |  |  |
| Title\* |  |  |
| Institution\* |  |  |
|  |  |  |
| Name\* |  |  |
| Title\* |  |  |
| Institution\* |  |  |
|  |  |  |
| Name\* |  |  |
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| **Statisticians** |  |
| Request name(s) of statisticians involved in the research. Provide the names of the Statisticians as applicable. [Space is given for 3 statisticians. Copy and paste the rows if more members are needed.] |  |
| Name\* |  |  |
| Title\* |  |  |
| Institution\* |  |  |
|  |  |  |
| Name\* |  |  |
| Title\* |  |  |
| Institution\* |  |  |
|  |  |  |
| Name\* |  |  |
| Title\* |  |  |
| Institution\* |  |  |
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| **Research Information** |  |
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| Research Background/Rationale\* |  |  |
|  | Please provide a description of how this research will advance medical knowledge. |  |
| Research Objectives\* |  |  |
|  | Please enter description of Primary and Secondary research objectives. |  |
| Description of Data or Information Requested\* |  |  |
|  | List specific studies, data fields, and time points being requested and provide reason(s) for each selection. Requested studies must be critical to the proposed research. 1Please provide the full Protocol/Study ID and/or the NCT number from ClinicalTrials.gov for each study requested. |  |
| Research Hypothesis\* |  |  |
|  | Please provide the hypothesis for the research request. |  |
| Research Study Design\* |  |  |
|  | Please identify whether the research aims to:* Perform further analysis of a single study requested in this proposal
* Perform a pooled analysis of multiple studies requested in this proposal
* Perform a pooled analysis including additional studies beyond those requested in this proposal
 |  |
| Primary and Secondary Endpoints\* |  |  |
|  | Please describe the Primary and Secondary Endpoints that will be analyzed in this proposed research. |  |

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| Summary of Statistical Analysis Plan\* |  |  |
|  | Please provide the summary of the Statistical Analysis Plan for the proposed research which should include where relevant:* A description of the endpoints and time points
* Patient selection criteria
* Effect measures
* Statistical models and tests
* Adjustment strategies
* Plans for addressing multiplicity issues
* Statistical precision / power to detect an effect given the sample size available
* The strengths and limitations of the research

Please attach a detailed SAP with this request which should include where relevant: * The planned population, inclusion/exclusion criteria, and any exposure criteria, and events defining cases and exposed study groups
* The effect measures and statistical models or tests used to address each primary and secondary objective
* Methods of adjusting for confounding, including confounders or covariates to be considered and criteria for any selection
* Power to detect an effect, or the precision of the effect estimate given the sample size available, and how well assumptions for this are supported and form the basis of any clinically relevant differences
* Model fit tests, and sensitivity analyses
* Any planned subgroup analyses
* Handling of missing or censored data
* The criteria (for a meta-analysis) for the selection and eligibility of studies and the statistical methods for the meta-analysis and investigation of heterogeneity
* How the results are going to be presented
* The strengths and limitations of the research, including any potential bias in the results, which may arise from selection and/or confounding and major assumptions, and uncertainties in the interpretation of the results
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| **Other Information** |  |
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| Publication Plan\* |  |  |
|  | Please list any plans for publication including document type (Abstract, Manuscript, Poster, or Other) submitted, and the Estimated Submission Date. |  |
| Research Funding\* |  |  |
|  | Please provide the name of the funding sources that will be used for the research (current and planned, full or partial). Please include research grants from governments or government agencies, the research funding number, donations from employers, etc. If there is no funding source, please enter “none”. |  |
| Potential Conflicts of Interest\* |  |  |
|  | For each member of the research team, please provide information on any relationship (financial, contractual, etc.) that could be perceived to influence the planning, conduct or interpretation of the proposed research. |  |
| Other |  |  |
|  | Please provide any other information regarding this Research Proposal. |  |

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| **Attachments** |  |
| Remember you will need to attach all required documents (SAP, CVs or Resumes of Research Team, etc.). Limit file size to 20mb or less |  |