**APPLICATION FOR EXTERNAL COLLABORATION**

**“DATA ANALYSIS REQUEST”**

Please submit one form for each application to:**inma@proyectoinma.org**

Archive nr:

Project database nr:

Executive work done by:

**I. GENERAL INFORMATION**

|  |
| --- |
|  |

**1- PROJECT TITLE (in English):**

**2- IS THIS PROJECT RELATED TO ANY SCIENTIFIC PROJECTE FINANCED AND PREVIOUSLY APPROVED BY THE INMA PROJECT? (in English)**

Name of the project:

**3- PRINCIPAL INVESTIGATOR (PI)**

Name:

Position / Academic degree:

Institution:

Department/Institute:

Address:

Postcode: City: Country:

Telephone: Telefax: Mobile/Cell: E-mail:

**4- MASTER, Ph.D or POST DOC PROJECT**

Name of student:

Master, PhD, Post Doc:

Place of study (University/Institution):

Department/Institute:

Address:

Postcode: City: Country:

Telephone: Telefax: Mobile/Cell: E-mail:

**5- COLLABORATORS**

One Spanish collaborator is compulsory when the PI is from abroad

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Position: | Institution: | Telephone: | E-mail address: | Data access? (Yes or No) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**6- PROJECT DESCRIPTION**

1. Specific objectives: (maximum 1500 characters)
2. Project summary: (maximum 4000 characters)
3. Scientific papers planned from this study: (max. 2)
4. Keywords: (3-8 descriptive keywords)
5. Research timetable:

Project start (ddmmyyyy):

Project end (ddmmyyyy):

Comments:

**7- HAVE YOU VERIFIED THAT THERE IS NO OVERLAP BETWEEN YOUR PROPOSAL AND THOSE ALREADY EXISTING IN INMA PROJECT?**

Please, contact with an INMA researchers to be able to avoid overlap with existing INMA proposals.

**8- FUNDING**

Please give details on how the project will be funded:

**9- AUTHORSHIP**

INMA proposes that each INMA subcohort participating in the manuscript is represented by 2 authors, if possible, that will be participating in the review of both the proposal and the manuscript.

Please give details on authorship policy:

**10- FURTHER INFORMATION**

**II. APPLICATION FOR DATA**

|  |
| --- |
|  |

**11- DATA SOURCES**

A) INMA data source(s):

B) Other data sources:

Will data from other sources (projects other than INMA or your own data collection) be utilised?

If yes, please specify

C) Do you apply for linking/merging data files from different sources?:

Describe the data files and the linkage:

D) Describe the data set required, included the number of participants for this project:

E) State the dependent variables applied for (Outcome):

F) State the independent variables applied for (main exposure):

G) Other independent variables (Confounders or Covariates):

**12- EVALUATION/PERMISSION FROM REGULATORY BODIES**

A) Does the project require an approval from the Regional Committees from Medical and Health Research Ethics in Spain?:

If yes, please enclose a copy of the application and/or approval letter.

B) Does the project require an extension of existing approval from the Regional Committees from Medical and Health Research Ethics in Spain?:

If yes, please enclose a copy of the application and/or approval.

C) Does the project require an exemption regarding the professional secrecy?:

If yes, please attach a copy of the application and/or the exemption

D) Are permissions required from other data owners or sources?:

If yes, please state from whom and attach a copy of the permissions

E) Further information regarding permissions:

**13- NUMBERED LIST OF ATTACHMENTS**

Submission date:

Please enclose the following attachments:

* A complete research protocol including a publication plan
* A CV for the Project Leader covering the last 5 years
* Others/optional