

Clinical Request Form



Clinical Requests

There are two kinds of Clinical Requests:

- The treating physician, or researcher on behalf of the treating physician, wants to request data from patient(s) of the hospital he/she is affiliated with, for reasons directly related to treatment of the patient.
- The researcher wants to request access to data from only the hospital he/she is affiliated with, for the research purpose for which the study was originally designed.

For any other situation the Clinical Request procedure is not suitable, and the Data Access Request procedure needs to be followed. Please see more information at: <https://www.hartwigmedicalfoundation.nl/applying-for-data/>.

IMPORTANT: to submit a Clinical Request you need local (local study PI) and central (central study organization/PI) approval from the study/studies you want to request data from. This needs to be registered in the box at the end of this form.

| | |
|---|--|
| Name of requesting hospital | |
| Note: only data from patients of this hospital can be made available. | |
| Description of the purpose of the Clinical Request | |
| This can only be as described in the red box above; otherwise, the Data Access Request procedure needs to be followed. | |
| Study/studies from which data is requested | |
| CPCT and/or DRUP and/or WIDE. Important: for all the studies you want to request data, approval needs to be collected. | |
| Number of samples + type of data requested | |
| Please see our Data Guide or consult with Hartwig Medical foundation at ict@hartwigmedicalfoundation.nl for possibilities and correct specification. | |
| Full name + email address of main applicant | |
| Should be affiliated with the requesting hospital. When the purpose of the Clinical Request is directly related to the treatment of the patient this should be the treating physician. | |
| Role of main applicant | |
| Explain the role of the applicant and why this role is related to the purpose of the Clinical Request. | |
| Full name + email address of download contact who will access the requested data on behalf of the main applicant | |
| Should be an email address of the requesting hospital. | |
| Role of download contact | |
| Explain the role of the download contact. | |

Please note that all data will be made available through the Google Cloud Platform (GCP).

For this we will need a valid GCP account set-up with the email address provided in the box above. For more information about creating a GCP account, please see [our instructions on Getting a Google Account](#).

For more information regarding working with the Hartwig Medical Foundation data on GCP, please see our [Data Access Request Guide](#).

Approval [fill in] study

Please copy this box, fill in the study name, and get approval to request data from all the studies stated under Study / studies from which data is requested.

Local Approval

| | |
|--------------|---|
| Name: | Clinical Request approved: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date: | Signature: |

Central Approval*

| | |
|--------------|---|
| Name: | Clinical Request approved: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date: | Signature: |

*you can send this form to info@cpct.nl and/or drup@nki.nl for central approval from the CPCT and DRUP studies respectively.

The signed Clinical Request form (PDF) should be sent by email to ict@hartwigmedicalfoundation.nl. After receipt of a correctly filled in form, data will be prepared and made available within 1 week.