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**PLSD Data Access Request Form Page 1**
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Date:

Investigator’s Name:

Department:

Telephone: e-mail:

Other investigators who will be working on this analysis:

Analysis Plan Title:

Purpose of Data Request (check all that apply):

Conference Abstract [ ] YES [ ] NO

 Pilot Data [ ] YES [ ] NO

 Manuscript [ ] YES [ ] NO

 Meta-Analysis [ ] YES [ ] NO

 Invited Talk [ ] YES [ ] NO

Who will perform the analyses?

Who will have access to the data?

Where will the data be stored?

Actigraphy data format requested: [ ]  Daily [ ]  Summary (e.g., average)

Please attach a 1-2 page description of your analysis plan. Please include the following:

1. Short background/rationale for addressing the research question
2. Eligibility criteria

3) Description of statistical methods

E-mail this completed form (as an attachment) to plsd@upmc.edu

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**PLSD Data Access Request Form Page 2**
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLSD data access is contingent upon signing the following statement:**

**I AGREE:**

1. To abide by the guidelines for authorship and publication, and other guidelines described in this document.

2. Not to distribute or copy any PLSD data without Working Group permission.

3. That the PLSD Working Group will review and evaluate data access requests to ensure scientific rigor and to limit duplicate analysis efforts.

4. Failure to abide to these guidelines may result in termination of the data access request.

**Signature Date**

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

Please print name

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