Qatar Precision Health Institute/Qatar Genome Disease Genomics Database

**Schedule D: DGD Affiliation Request Form**

|  |
| --- |
| **Project Title:**  |
|  |
| **Lead Principal Investigator (LPI):**  |
|  |
|  |
| Email address:  | Phone number:  |
|  |
| Institution:  | **Signature:**  |
|  | **Date:**  |
|  |
| **Principal Investigator (PI):**  |
|  |
|  |
| Email address:  | Phone number:  |
|  |
| Institution:  | **Signature:**  |
|  |  | **Date:**  |
| ***(Other Team Members will be listed below)*** |
| **Request Type:** | [ ] New | [ ] Continuing | [ ] Modification |
|  |
|  |
| **Previous DGD proposal number** *(If applicable)*: |  |  |
|  |
| **Affiliation Request:** |  |  |  |
|  | [ ] Contribution affiliate | [ ] Research affiliate |
|  |
| **Project Nature:** |  |  |  |
|  | [ ] Basic Research | [ ]  Clinical Research | [ ]  Clinical Trial |
| [ ]  Database | [ ]  Thesis/ dissertation | [ ]  Student |
| [ ] Questionnaire/ Survey | [ ] Others, please specify: |
|  |
| **Project** **may involve:** |  |  |
| **Human Subjects:** | (Target number [….])  |
|  | [ ] Healthy volunteers | [ ] Pregnant women | [ ] Children & Parents |
|  | [ ] Outpatients | [ ] Inpatients | [ ] Prisoners |
|  | [ ] Cognitively impaired person, please specify: |
|  |
| **Biological Samples:** | (Target number [….]) |
|  | [ ] Blood | [ ] DNA | [ ] Saliva |
|  | [ ] Tissue, please specify: | [ ] Other, please specify: |
| **Data:** | (Target number: [….]) |
|  | [ ] Demographic | [ ] Phenotypic | [ ] Genomic |
|  | [ ] Lifestyle | [ ] Other |
|  |
| **Project addresses the following national RDI Priority Areas:** |
|  | [ ] Energy | [ ] Health | [ ] Recourse sustainability |
|  | [ ] Society | [ ] Digital Technology  |  |
|  |
| **Project sponsor/Funder:**  |
|  |
|  |
| **Groups Involved** *(in any):*  |
|  |
|  |
| **Background:**  |
|  |
|  |
| **Project aims and objectives:** |
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|  |
| **Describe subjects (if any) and how will they be recruited?** |
|  |
|  |
| **Describe data collection procedures:** |
|  |
|  |
| **Describe who will have access to the records and what will happen to data after completion.** |
|  |
|  |
| **Possible overlapping studies:**  |  |  |
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|  |
| **\*Milestones:** |
|  |

\*This section should include timeline for project duration, completion, draft, and submission of papers.

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| --- | --- | --- |
| **Please Check Yes or NO for the following:** | **Yes** | **No** |
| Will you be requesting additional Funds (other than the sequencing funds)? |  |  |
| Will you need technical support for the Database? |  |  |
| Will you need Bioinformatic analysis for the data generated? |  |  |
| Are participants being offered incentives? If yes, describe: |  |  |

|  |
| --- |
| **Research Team Members & Roles** ***(Please list all team members involved in this research and their expected roles, add boxes as needed)*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Job Title**  |  | **Job Title**  |  |
| **Role in the study** |  | **Role in the study** |  |
| **Institutional affiliation**  |  | **Institutional affiliation**  |  |
| **Mobile Number** |  | **Mobile Number** |  |
| **Email** |  | **Email** |  |
| **Signature** |  | **Signature** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Job Title**  |  | **Job Title**  |  |
| **Role in the study** |  | **Role in the study** |  |
| **Institutional affiliation**  |  | **Institutional affiliation**  |  |
| **Mobile Number** |  | **Mobile Number** |  |
| **Email** |  | **Email** |  |
| **Signature** |  | **Signature** |  |

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| --- |
| *To be filled by DGD Review Committee only*  |
| **Document Key** |  | **Review Date** |  |
|  |  | **Effective Date** |  |
| **Status** | [ ] Accepted |
| [ ] Pending |
| [ ] Rejected |
| **Approved proposal #:** |  |
| **Document Approver** |  |
| **Signature** |  |

*Please email the completed form along with all the applicable attachments to* ***(hrashid@qf.org.qa)***

**ATTACHMENTS**:

* Informed Consent form and any disclosures explaining risks or procedures.
* Surveys, questionnaires, or other data gathering forms.
* Any approvals or documentation from external IRBs and cooperating entities
* Material transfer agreement
* Non-disclosure agreement