Qatar Precision Health Institute/Qatar Genome Disease Genomics Database

**Schedule D: DGD Affiliation Request Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Title:** | | | | | |
|  | | | | | |
| **Lead Principal Investigator (LPI):** | | | | | |
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|  | | | | | |
| 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:** | | | | | |
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| **Groups Involved** *(in any):* | | | | | |
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| **Background:** | | | | | |
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| **Project aims and objectives:** | | | | | |
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| **Describe subjects (if any) and how will they be recruited?** | | | | | |
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| **Describe data collection procedures:** | | | | | |
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| **Describe who will have access to the records and what will happen to data after completion.** | | | | | |
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| **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)***](mailto:(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