**Title of Data Project:**

**Name of Requestor:**

**Requestor’s Email Address & Telephone Number:**

**Name of Requestor’s Institution:**

**Address of Requestor’s Institution:**

**Requestor understands requested Data will be provided to Requestor at Requestor’s Institution:**

**Yes No**

**SWOG Clinical trial(s) from which Data is requested:**

**Has primary manuscript(s) of the SWOG Clinical trial(s) from which Data is requested been published:**

**Yes No**

**Data Project objective(s):**

**Primary objective:**

**Secondary objective(s):**

**Brief Justification:**

**Rationale:**

**Background:**

**Significance:**

**Endpoints**:

**Primary endpoint:**

**Secondary endpoint(s):**

**Approach / Methods:**

**Statistical Plan:**

**Is this Data Sharing Request a collaborative effort involving additional Investigator(s) and / or Institutions(s):**

**Yes No**

**If Yes, name participating Investigator(s) and Institution(s):**

**Investigator and Institution:**

**Investigator and Institution:**

**Investigator and Institution:**

**Will any of the additional participating Investigator(s) and Institution(s) named above receive the requested data?**

**Yes No**

**If Yes, identify the participating Investigator(s) and Institution(s) receiving requested data:**

**Investigator and Institution:**

**Investigator and Institution:**

**Investigator and Institution:**

**Data Analysis will be performed by (include institution/address/contact information):**

**Will Data Analysis be performed in collaboration with SWOG’s Statistics and Data Management Center?**

**Yes No**

**SWOG Data requested:**

**Patient data from SWOG trial SXXXX. Specific variables requested are:**

**Expected timeline for Data Project Completion:**

**Disclosure of Conflict of Interest:**

**Financial support for Data Project:**

**References:**

Person submitting Data Sharing Request Approval Date

Disease Committee Statistician Approval Date

Disease Committee Chair Approval Date