

# Data Access Request Form Sample for Clinical Trials

The **Data Access Request Form** sample for clinical trials streamlines the process of obtaining necessary permissions to use trial data responsibly. It ensures compliance with ethical standards and regulatory requirements, facilitating secure and transparent data sharing among researchers. This form is essential for maintaining data integrity and patient confidentiality in clinical research.

Applicant Information

Full Name:

Institution/Organization:

Position/Title:

Email Address:

Clinical Trial Data Requested

Trial Name or Reference Number:

Type of Data Requested:

e.g., individual participant

Purpose of Data Access:

Describe your research objectives and intended data use.

Data Protection and Compliance

Please confirm the following:

☐ I agree to comply with all relevant data protection laws and ethical guidelines.

☐ I will not attempt to re-identify any study participants.

☐ I understand that data must be stored securely and used solely for the approved research purpose.

Sign & Submit

Applicant Signature (type full name):

Date:

Submit Data Access Request