

Clinical Trial Data Request Form

Requestor Name:

Affiliation/Organization:

Email Address:

Clinical Trial Title/ID:

Study Site(s):

Purpose of Data Request:

Specific Data Requested (select all that apply):

Select	Data Type
<input type="checkbox"/>	Patient Demographics
<input type="checkbox"/>	Clinical Outcomes
<input type="checkbox"/>	Lab/Test Results
<input type="checkbox"/>	Adverse Event Data
<input type="checkbox"/>	Other (please specify below)

Specify other data if selected above

Date Data Needed By:

Preferred Data Format:

e.g., Excel, CSV, SAS

Planned Use and Analysis:

IRB/Ethics Approval Number (if applicable):

Has a Data Use/Confidentiality Agreement been signed?

Yes/No/Not Applicable

Additional Notes or Requests:

Submit Request

Note: Submission of this form does not guarantee access. All requests are subject to applicable review and approval processes in accordance with regulatory and institutional policies.

For assistance, contact: datasharing@trialsite.org