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| **CLINICAL DATA ANALYSIS CONSENT FORM**  |
| All requests for data analysis must be submitted with this form.Data analysis will be provided as part of the training provided by the **COMETH Winter School**.1. **Data is provided by the participant of the COMETH Winter School training program**
* Data will only be used for the training provided by the **COMETH Winter School**.
* No additional analysis or activity that goes beyond the scope and time devoted to the training will be provided
* Data will not be shared with anyone outside the training team.
* Data use will be consistent with the original training program. All uses of the data (publication, abstract, conference presentation, internal review, interaction with regulators) are not covered by this consent form.
* Data remains the property of the participant at all stages through the process.
1. **Consent for data analysis will be reviewed and approved by the scientific committee of the COMETH Winter School training program. The decision of the scientific committee will be final.**
2. **The policy of the COMETH Winter School is as follows:**
* All approved clinical data are anonymised or pseudo anonymised
* All approved clinical data do not contain personal data, such as Names, ID or genetic markers.
* All approved clinical data do not contain informations that can be used for identification of individuals, such as dates or geographical locations. For instance, case/sample ID shoud be free of any identifier such as Pathology number, Hospital ID, etc…
* All approved clinical data are one or more of the following types
	+ bulk gene level expression data
	+ bulk methylation data
1. **COMETH Winter School is committed to a secure storage and deletion of data, and to fairness and transparency in the use of data.**

 **In consenting to share clinical high-throughput molecular data, I accept the terms and conditions set out above. I understand that failure to comply with all of the above requirements may result in rejection or withdrawal of permission to use data in the training program.**  |
| **Applicant details** |
| Name: |  |
| Institution/Organisation: |  |
| Position: |  |
| Address:  |  |
| Email: |  | Phone: |  |
| Date of consent: |  |

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| **Disclosure and conflicts of interest** |
| **Please disclose any potential conflicts of interest and associations with private companies, especially pharmaceutical companies. Conflicts should be disclosed even where the applicant considers these not to be relevant to the present application.**  |
| **List intended uses of the data** *(incl. anticipated publications, reports, presentations, analyses etc.)* **:** |
| **Funder** (please state sources of funding, or state project not funded)**:** |