



Appendix 1: Preliminary Access Application Form

DATE:	
PROPOSAL TITLE:	

1. Please provide the following information:

Principal Applicant's Name	
Principal Applicant's Educational Qualifications (PhD, MD, etc.)	
Principal Applicant's Position(s) (Rank, Faculty, Department, Institution)	
Institutional Mailing Address	
Telephone Number	
Institutional Email address	
Principal Contact (name, email and phone number)	

2. Project Information

Scientific abstract (max. 500 words)	
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Project duration	Proposed start date:
	Proposed end date:
Anticipated outcome of project (e.g., manuscript, generation of pilot data in support of larger project)	
Intended Granting Agency, if funding being sought	
Grant submission date, if applicable	
Data requested	
Privacy, information security, and confidentiality plan	

Signature of Principal Investigator

I acknowledge that the details in this Preliminary Access Application are correct:

Principal Investigator

Date