FaceBase
Human Data Access Request (DAR)

NOTE: ALL FIELDS ARE MANDATORY

INVESTIGATOR INFORMATION

Principal Investigator's Name:

Title/Position:

Affiliation:

Email Address:

Phone Number:

Fax Number:

Mailing Address:

If the principal investigator is not a faculty member (e.g., post-doc or student):

Name of Mentor or Supervisor:

Title/Position:

Affiliation:

Email Address:

Phone Number:

Fax Number:

Mailing Address:

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PROJECT INFORMATION

Title of Proposed Project:

Do you have IRB (local ethics committee) approval for this project? ☐ Yes ☐ No

[*If Yes*]

IRB Protocol #:

Date of Approval:

[*If No*]
Has the IRB provided written documentation that this research is considered:

Exempt human subjects research ☐ Yes ☐ No

Not human subjects research ☐ Yes ☐ No

Projects must have IRB approval or a letter of determination from the IRB of the investigator's institution in order for the project to be reviewed by the DAC.

Please submit a copy of the IRB approval or other appropriate documentation from the IRB in conjunction with the DAR. Proposals will not be reviewed by the DAC without this documentation.

Federalwide Assurance Number (FWA#) for the institution overseeing the IRB that approved this project:

The FWA # can be found at http://ohrp.cit.nih.gov/search/. If you have questions about finding your institution's FWA # or about applying for an FWA #, please contact you institution's Office of Research.

I am requesting data from the following project(s): (*check all that apply*)

☐ 3D Analysis of Normal Facial Variation: Data Repository and Genetics (PIs: Weinberg/Marazita)
Use of these data is limited to research studies of facial shape or craniofacial birth defects

☐ *Genetic* Determinants of Orofacial Shape and Relationship to Cleft Lip/Palate (PI: Spritz)
Use of these data is limited to research studies of facial shape or craniofacial birth defects

☐ Oral Clefts: Moving from Genome Wide Studies toward Functional Genomics (PI: Beaty)
Use of these data is limited to genetic research on cleft lip/palate or other craniofacial anomalies

Are you requesting access to 3D facial image data? ☐ Yes ☐ No

Note: Due to the potentially sensitive nature of facial images, access to this data will be limited to investigators with IRB approval as non-exempt human subjects research.

Brief description of proposed project:

Specific Aims of Project (< 500 words)

Analysis plan (< 500 words)

Explanation of how the proposed research is consistent with the *data use restrictions* for the requested data (please see the FaceBase Data Use Certification document for more info: [https://www.facebase.org/odocs/data-use-certification]).

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Description of data security measures to be implemented by the investigator (please see the FaceBase Data Use Certification document for more info: [https://www.facebase.org/odocs/data-use-certification]).

List of all collaborators at your organization who will have access to the data

List all collaborators from other organizations involved in the project. Describe any planned data sharing among these collaborators. Note that collaborators from other institutions who wish to have access to data are required to submit their own DARs to the FaceBase DAC.

Principal Investigator Signature

Date:

Name (print):

Name (signature): _____

Email Address:

Mentor/Supervisor Signature (required if applicant is not a faculty member)

Date:

Name (print):

Name (signature): _____

Email Address:

A legally authorized institutional representative (e.g., a signing official) must also sign the DAR.

Date:

Name (print):

Name (signature): _____

Email Address:

Name of Institution:

Institutional Title:

PLEASE SUBMIT SIGNED AND COMPLETED DAR DOCUMENT AS A PDF FILE, ALONG WITH:

- **EVIDENCE OF APPROPRIATE IRB REVIEW AND,**
- **THE SIGNED FACEBASE DATA USE CERTIFICATION DOCUMENT, TO THE FOLLOWING EMAIL ADDRESS: [**nidcrfacebasedac@mail.nih.gov**]**