**Data and/or Biosamples Return Form**

This *Data and/or Biosamples Return* form is a **mandatory** step for approved projects who have received data and/or biosamples from the Atlantic Partnership for Tomorrow’s Health Study (Atlantic PATH) Research Platform.

Please follow these timeframes for return of data and/or biological samples:

* **Biological Samples**: Returned upon completion of samples analysis;
* **Data:** Returned after publication and all copies that are not required to be archived for peer review and audit purposes must be destroyed;
* **Derived or Collected Data:** A copy of any and all data must be provided for incorporation into the Atlantic PATH Research Platform at the end of the data analysis phase. This data will be made available for future researchers one year after publication of the original project or in a mutually agreed timeframe.

***A completed and signed form must be submitted prior to publication.* Please submit by e-mail to** [Ellen.Sweeney@dal.ca](mailto:Ellen.Sweeney@dal.ca)

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| Project Information | | | |
| Atlantic PATH study # |  | | |
| Project Title |  | | |
|  | | | |
| Approved Researcher | | | |
| Name |  | | |
| Title |  | | |
| Organization |  | | |
| Mailing Address |  | | |
| City |  | State/Province |  |
| Post code |  | Country |  |
| Email Address |  | | |
| Phone number |  | Fax number |  |
|  | | | |
| Research Coordinator | | | |
| Name |  | | |
| Title |  | | |
| Organization |  | | |
| Mailing Address |  | | |
| City |  | State/Province |  |
| Post code |  | Country |  |
| Email Address |  | | |
| Phone number |  | Fax number |  |

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| **Timelines** | **Proposed in Full Application** | **Actual** |
| 1. Data analysis finished and all data returned to Atlantic PATH and copies erased/destroyed? 2. Biosamples analysis finished and unused biosamples retuned to Atlantic PATH? 3. expected end date of project? | a.  b.  c. | a.  b.  c. |

# Return of Project Data Files and Biosamples

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| How has the project file, including any new data or biosamples collected or derived as part of the proposed project, been returned to Atlantic PATH?  What are the archive requirements for audit purposes?  Timeframe?  Format?  Security measures in place to protect data?  How have data copies been destroyed?  How have biosamples been destroyed? |

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# Approved Researcher Declaration

I have read and agree to comply with the Atlantic PATH *Data and Biosamples Access Policy*.

**Specifically, I, the Approved Researcher, declare that (please check all that apply):**

* I have returned a copy of any and all data derived or collected as part of this research project to Atlantic PATH at the end of the data analysis phase.
* I have destroyed copies of any and all data and/or data extracts made by myself or any project personnel during the course of this project.
* I have kept only the data required for audit purposes. This data is being kept according to the security measures detailed in this form.
* I will destroy all archived data at the end of the archive period.
* I have returned any and all unused portions of biosamples collected from Atlantic PATH, and/or portions of samples collected as part of this research project to Atlantic PATH.

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| --- | --- |
| Name of Approved Researcher (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Approved Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***If student thesis or project:***

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| --- | --- |
| Name of Supervisor (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |