

Vivli Data Contribution Form

Thank you for your interest in sharing your data sets using the Vivli platform. Please fill out this form and sign it. By signing this form, Vivli agrees to store and archive your dataset for long-term sharing. Within 7 days of receiving this form and the accompanying signed Data Contribution Agreement, Vivli will send you an invoice and send you instructions for how to upload your data. If you have questions, please email us at support@vivli.org.

Name:

Organization Name:

Contact email for Contributing Data:

Contact email for Invoicing:

If you are a grant recipient, please let us know the name of the funder:

Grant ID (if applicable):

Sponsor ID/Clinicaltrials.gov Identifier:

(Please contact us if you anticipate any one file will be >10 GB)

If not registered on clinicaltrials.gov, please provide

Study Title:

Medicine:

Condition:

Phase:

When data sets need to be listed:

(Please note that this must be two weeks after the date than when this form is received by Vivli.)

Does your data set need to be embargoed? NO YES, FOR SIX MONTHS

Will you need help with anonymization of your data? YES NO
(If yes, we will connect you with a vendor who will help with your data anonymization)

When will your data be ready for anonymizing?

What is the file format of the data? .csv sas other:



Who would you like to perform the data request review?

Vivli Wellcome Trust Independent Review Panel (additional fee applies)

If you have any additional questions or comments, please let us know

At a minimum, Vivli will make data available for researchers for 10 years. On an ongoing basis, Vivli evaluates its data holdings with regard to maintaining access and reserves the right to discontinue the distribution of a data collections when deemed appropriate.

Signature:

Name:

Title:

Organization:

Date:

For Vivli internal use: