

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:

Address:

Contact email for Contributing Data:

Contact email for Invoicing:

Number of data sets contributed:

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.)

Will you need the Digital Object Identification (DOI) as part of your Data Sharing Statement for your

publication? YES NO

Does your data set need to be embargoed?

YES NO

if yes, for how long



Will you be using the services of the Vivli IRP? (Note that this increases the cost)

YES NO

Will you need help with anonymization of your data?

YES NO

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

Please note that Vivli will hold your data securely for seven years. At which time, under our existing agreement it will be deleted from our secure long-term archive.

Signature:

Name:

Title:

Organization:

Date: