

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.

What is the file format of the data? .csv sas other:	
When will your data be ready for anonymizing?	
If anonymization support required:	
(If yes, we will connect you with a vendor who will help with your data anonymization note that a third party agreement with the anonymization vendor will be required.)	ı. Please
Will you need help with anonymization of your data? YES NO	
Does your data set need to be embargoed? NO YES, FOR SIX MONTHS	
When data sets need to be listed: (Please note that this should be at least two weeks after the date that this form is rec Vivli.)	eived by
Phase:	
Condition:	
Medicine:	
Study Title:	
If not registered on clinicaltrials.gov, please provide:	
Sponsor ID/Clinicaltrials.gov Identifier: (Please contact us if you anticipate any one file will be >10 GB)	
Grant ID (if applicable):	
If you are a grant recipient, please let us know the name of the funder:	
Contact email for Contributing Data:	
Organization Name:	
Name:	
an invoice and send you instructions for how to upload your data. If you have question support@vivli.org.	ıs, pleas

Version 2.0



Who would you like to perform the data request review? (Please select only one option.)

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Vivli	The Independent Review Panel (additional fee applies*)
	*If you select the Independent Review Panel, a review charge of \$1,200 applies each time your data is requested.
	Please provide a contact email for invoicing:
If you have any	y additional questions or comments, please let us know:
evaluates its d	, Vivli will make data available for researchers for 10 years. On an ongoing basis, Vivl ata holdings with regard to maintaining access and reserves the right to discontinue n of a data collections when deemed appropriate.
Signature:	
Name:	
Title:	
Organization:	
Date:	
For Vivli interno	al use:

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