**FA Global Patient Registry: Request for Data Access**

*Email the completed form to* **FAGPR@curefa.org**

**Date of Request:** Click or tap to enter a date.

**Principle Investigator or Program Lead (PI/PL) Name:**

Title: Click or tap here to enter text.

Institution: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Additional personnel who will access this data (include name, institution, and role in project):**

Click or tap here to enter text.

**Lay Abstract** (Describe the purpose of the data request, including the specific data you wish to access and a summary of the planned analyses)**:**

Click or tap here to enter text.

**Intention of this data request (Check all that apply):**

[ ] Clinical Research Feasibility or Planning

[ ] Research

[ ] Publication

[ ] Abstract

[ ] Poster

[ ] Presentation

[ ] Manuscript

[ ] Grant Submission

* + Due date: Click or tap here to enter text.
	+ Name of PI submitting grant: Click or tap here to enter text.

[ ] Other (please describe):

Click or tap here to enter text.

**Status of IRB/Ethics review:**

[ ] Approved; provide Institution and approval #: Click or tap here to enter text.

[ ] IRB/Ethics protocol has not yet been submitted.

* + Date of planned submission: Click or tap to enter a date.

[ ] Data will not be used for research purposes.

[ ] Other (please describe):

Click or tap here to enter text.