

CCR Exception Request Form

Demographics

Investigator:

Title:

Email:

Branch:

Phone:

Project Information

Project Title:

Z-Number:

Planned Enrollment/Sample Size:

Collection Type: Prospective

Retrospective

Data [Check all that Apply]

Source: Human

Non-Human

Sample Types: Germ line

Somatic

DNA

Microbiome

Mitochondria

RNA

Other, please specify:

Type [Enter number of samples if applicable]

Array:

SNP

Expression

Methylation

Genotypes:

Array Derived Genotypes

CNV Calls from Microarray

CNV Calls from Sequencing

Somatic SNV (.MAF)

Array CGH CNVs

Sequencing:

Whole Genome

Targeted Genome

Whole Exome

Targeted Exome

Whole Transcriptome

Targeted Transcriptome

Epigenomic Marks

Sanger

16S rRNA

Analysis:

Array Derived Methylation

Array Derived Expression

RNA Seq Derived Expression

Association/ Linkage

Other:

Data Form:

Individual

Aggregate

Alternate Data Sharing Plan

Database of Genotypes and Phenotypes (dbGaP)

Array Express

Database of Single Nucleotide Polymorphisms (dbSNP)

GenBank

Database of Genomic Structural Variation (dbVar)

Gene

Cancer Genomics Hub

Expression Omnibus (GEO)

Trace Archive

European Nucleotide Archive (ENA)

ClinVar

Sequence Read Archive (SRA)

WormBase

NCI Genomic Data Commons (GDC)

Mouse Genome

Zebrafish Model Organism Database (ZFIN)

Informatics (MGI)

Other (Please attach alternate data sharing plan)

Companion Information [Check all that Apply]

Phenotype Exposure Survey Tool Clinical Data:
 Study/Protocol #: Data Collection Instrument:
 Other:

Submission Information

Data Submission and Release Timeline [Check all that Apply]

Following data cleaning, analysis, and quality checks At the time of publication
 Other, please specify:

Data Use Limitation [Check all that Apply]

Limited only by the terms of the Data Use Certification No data use limitations
 Must be related to the specified disease Not applicable, no human data
 Limited to health/ Medical/ Biomedical purposes
 (doesn't include the study of population origins or ancestry)

Exception Checklist

Attached Justification
 Attached Copy of Consent (If applicable or if consent exception justification)
 Attached Alternate Data Sharing Plan (If applicable)

Approvals

	DATE	APPROVAL	NAME	SIGNATURE
Branch Chief		Yes No		
CCR GPA		Yes No		
CCR Scientific Director		Yes No		
CCR Director		Yes No		
NCI Director		Yes No		
NIH Deputy Director for Intramural Research		Yes No		