

**Data Request for Heinz Nixdorf Recall Study**

Applicant:

Internal application No.:

PROJECT-Title

**1. Project details**

- New project
- New objective using existing data
- Data update
- Additional application to data request No. \_\_\_\_

**Survey data**

- Baseline (t<sub>0</sub>)
- 5-years Follow up (t<sub>1</sub>)
- 10-years Follow up (t<sub>2</sub>)
- Questionnaire-based Follow up (f<sub>1</sub>, f<sub>2</sub>, f<sub>3</sub>, f<sub>4</sub>, f<sub>6</sub>, f<sub>7</sub>, f<sub>8</sub>, f<sub>9</sub>, f<sub>11</sub>, f<sub>12</sub>, f<sub>13</sub>, f<sub>14</sub>)

**Specification of sample:**

- All
- Women
- Men
- Age group: \_\_\_\_\_ years
- Other: \_\_\_\_\_

Data format (SAS, SPSS, Excel, Access, ...): \_\_\_\_\_

**2. Date of application:****3. Data recipient and/or responsible scientist** (i.e. in case of use by PhD or Master students)

Name:

Institution:

Phone number:

Email:

*Please expand table for additional collaborators*



(2) **5-year-study (t<sub>1</sub>)**

(3) **10-years-study (t<sub>2</sub>)**

(4) **Questionnaire-Follow up**  f<sub>1</sub>  f<sub>2</sub>  f<sub>3</sub>  f<sub>4</sub>  f<sub>6</sub>  f<sub>7</sub>  f<sub>8</sub>  f<sub>9</sub>  f<sub>11</sub>  f<sub>12</sub>  f<sub>13</sub>  f<sub>14</sub>

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**7. Title of intended publications**

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**8. Preliminary list of authors**

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**9. Further planned cooperations**

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**10. Keywords MeSH Terms**

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**11. Remarks by the applicant:**

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## 12. Obligation Form

The Applicant undertakes to use the data obtained solely for the purpose outlined in this document.

The Applicant undertakes to use the data obtained solely for the purpose stated overleaf in the application. I will not pass the data to a third party. At the end of the project (i.e. final analysis) I will return original data and software used for his analysis to the data coordinating center, IMIBE (Institut für Medizinische Informatik, Biometrie und Epidemiologie des Universitätsklinikums Essen). I will not store any original data or those derived from it in a digital or any other format.

**Eine Vernichtungsanzeige** will be sent to the Data Coordination Center of the HNR study.

Dem/den Antragsteller/n ist bewusst, dass es sich bei den Daten z.T. (Bitte erfragen!) noch um vorläufige, nicht plausibilitätsgeprüfte Daten handelt. Die fachliche Plausibilitätsprüfung wird vom Antragsteller/in vorgenommen und das Datenkoordinationszentrum über unplausible Daten und den Umgang damit schriftlich in Kenntnis gesetzt.

**- The applicant agrees to the regulations and assures his / her adherence.**

**Signature of the applicant :**

Date:

\_\_\_\_\_

Name:

\_\_\_\_\_

Name:

| <b>VOM DATENKOORDINATIONSZENTRUM DER HNR STUDIE AUSZUFÜLLEN</b> |  |
|---|--|
| Datenweitergabe genehmigt durch<br>Prof. Dr. A. Stang           |  |
| Datum der Genehmigung   |  |
| Exportierte Datei: Name   |  |
| Stand der Datei: Datum  |  |
| Anzahl Probanden  |  |
| Erstellungsprogramm(e)  |  |
| Verantwortliche Dokumentarin                                    |  |
| Datum   |  |