

ARCHIVING MATERIALS FORM AND CHECKLIST

Please record below what data and related information are available and will be sent to the National Institute of Neurological Disorders and Stroke (NINDS), part of the National Institutes of Health (NIH).

Date of deposit: _____

If the data and related information were developed with NIH funding, please indicate the relevant funding source, grant title, and grant number: _____

It is assumed that data and related information are archived indefinitely with NINDS. If you prefer that the items listed below be archived for only a limited time, indicate the specific timeframe here:

In the future, NINDS may have questions or want to discuss a request related to the items listed below. Please indicate two potential contacts for follow up by NINDS, including name, phone number, email, and affiliation: _____

The signatures below indicate agreement that the datasets and related information may be placed within NINDS's archived clinical research datasets for distribution to requesting researchers after approval by NINDS. Archiving data and information with NINDS for future distribution does not negate any ownership rights of the generating institution.

DEPOSITING INSTITUTION: [insert name of the institution]

Name: Authorized Signatory

Date

Name: Depositing Scientist

Date

COMPLETED FORMS SHOULD BE SENT TO:

For more information on the current NINDS Archived Clinical Research Datasets (http://www.ninds.nih.gov/research/clinical_research/toolkit/archived_datasets.htm).

Documents that should be included with your submission include:

File	Yes	No	Comments*
Data Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	
Annotated CRFs	<input type="checkbox"/>	<input type="checkbox"/>	
Informed Consent (boilerplate)	REQUIRED	N/A	
Limited Access Dataset**	<input type="checkbox"/>	<input type="checkbox"/>	
Operations Manual	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol	<input type="checkbox"/>	N/A	
Final Publication and PMID	<input type="checkbox"/>	<input type="checkbox"/>	
Statistical Analysis Plan	<input type="checkbox"/>	<input type="checkbox"/>	If applicable
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	

* If a file will not be included, please explain the reason and an estimate of when it can be expected, if applicable.

** According to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) Privacy Rule, a Limited Access Dataset can be used for the purposes of research, public health or health care operations [for further information, please refer to 45 C.F.R. § 164.514 (e)]. Direct participant personal identifiers (e.g., name, addresses, social security number, place of birth, city of birth, contact data) should not be included. Verbatim responses stored as text data (e.g., specified in "Other" category) should be deleted or edited such that no identifiers are included.