



Data Access Application Form

Sohail University, Karachi

Office: 021-35071856-7-8 Ext: 2011, oric@sohailuniversity.edu.pk

- Name of Researcher: _____
- Student/Employee ID: _____
- Discipline/Specific field: _____
- Department: _____
- Affiliation: Sohail University Jinnah Medical & Dental College
- Title of the Project/Publication _____

Data Information

1- Purpose of Data Use (Like Research, if other specify details with title)

2- Ethical Approval

i. Have you obtained ethical approval from ERC, (SU)? Yes No

If yes, please provide approval reference number and date _____

If No, please describe the status of your ERC approval process _____

3- Data Management and Security

i. How will you ensure the confidentiality and privacy of the data?

ii. Will the data be anonymized or de-identified before analysis? Yes No

4- Data Sharing

i. Do you intend to share the data with other researchers or institutions? Yes No

ii. If Yes, please provide details of the data sharing agreements:

5- Publication and Reporting

i. Do you plan to publish or present the research findings derived from the data?

Yes No

ii. If Yes, please provide details of the intended publications or presentations:

iii. **Type of Data** (Medicine, Surgery, Paediatrics etc.)

iv. **Size of Data** (No. of records)

v. **Patient's classification**

a. Gender: Male Female Both

b. Age group: Infants (_____ to _____) Adults (_____ to _____)

vi. Source of Data Collection

Sohail Trust Hospital Medicare Cardiac & General Hospital

Medicare Dental Hospital

Declaration: I declare that all the information given in this form is correct and I will abide by the Data Access Policy relevant to this research. I will reapply for data access approval if there is a significant change or revision in the proposed data access request. Moreover, I will reapply for approval if I need to reuse data that was accessed previously.

Important Note:

ORIC Sohail University reserves the right to seize data usage in case of misconduct/misuse or unauthorized data access without SU ORIC’s approval.

Principal Investigator/Researcher

Signature..... Date.....

Supervisor

Head of Department

Name..... Name.....

Department..... Department.....

Date..... Date.....

Endorsement:

Director, ORIC (Office of Research Innovation & Commercialization)

Name..... Signature.....

Date.....

Managing Director (Sohail Trust Hospital)

Name..... Signature.....

Date.....

Managing Director (Medicare Cardiac & General Hospital)

Name..... Signature.....

Date.....

Managing Director (Medicare Dental Hospital)

Name..... Signature.....

Date.....