



# Data Use and Access Application Cover Page

Please review the Data Use and Access Information and Requirements prior to the completion of this form. Please submit this completed application cover page and supplementary documents to the NeuroPoint Alliance at [RAD-PDinfo@neuropoint.org](mailto:RAD-PDinfo@neuropoint.org).

**Formal proposal checklist** (all applications must include the following elements):

- Background/theoretical framework
- Statement of the problem (“Why does this research need to be conducted?”)
- Purpose of the study
- Letter verifying local IRB approval
- Specific scientific question(s) and/or hypotheses
- Study design (with special attention to the specific analytic methods to be employed and the data required to conduct the research)
- List the statistical analysis personnel (Contact the RAD-PD Project Manager directly for a list of available for providers, as needed)
- Significance of the investigation (“How will the study extend existing knowledge?”)
- Funding source (if applicable)
- Pertinent references (preferred by not required)
- Estimated project timeline

**PLEASE TYPE OR PRINT CLEARLY**

**Please complete and include this application cover page along with additional page(s)**

Today's Date: \_\_\_\_\_

Site/Institution Name: \_\_\_\_\_

Title of Proposed Analysis: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Recipient Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CITATION ATTESTATION**

If this application is approved, I attest that all study partners will be cited/referenced in all the publications and/or posters. **Sample Language:** “The Registry for the Advancement of Deep Brain Stimulation in Parkinson’s Disease (RAD-PD) partners are the Michael J. Fox Foundation, Parkinson Study Group, and NeuroPoint Alliance, Inc.”

\_\_\_\_\_  
Applicant Signature

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Area below to be completed by NPA Office

Date Form Received:	Date Site Emailed Notification:
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