Data Access Application Form

The Recipient Institution Investigator (the "Investigator") is responsible for overseeing the project and controlling the laboratory and personnel receiving, using, and processing the requested specimens should complete this application.

Patient identity is confidential. Samples and accompanying clinical data will be identified by a code, which will not be released under any circumstances.

The investigator is responsible for remitting processing fees to SARC for each specimen or data transfer, any extra services performed, and shipping costs not billed directly to the applicant's courier account. Please refer to the attached SARC Processing Fees for Data and Imaging price list to determine the costs.

Directions

1. Please **complete the Data Access Application Form**.

2. Investigator must provide IRB documentation (either approvals or that it was exempt) with the application.

3. Upon application approval, the Investigator will be provided with the SARC MATERIAL and/or DATA TRANSFER AGREEMENT to be fully executed. The language in the **Agreement is NOT to be altered.**

4. If requesting specimens for multiple SARC trials, please complete separate **Biospecimen Access Application Forms**, and/or **Imaging Access Application Forms**, and/or **Data Access Application Forms**, as necessary.

5. If you have any questions or need additional information, please contact SARC's UDS Coordinator at **sarc-uds@sarctrials.org**.

DATA ACCESS APPLICATION FORM

As Principal Investigator for this study, my submission of this proposal indicates my willingness to discuss with and enter into a research agreement with SARC, according to standard procedures for data analysis, data confidentiality, authorship, and intellectual property sharing.

I. Submission Type: ☐ Original Submission ☐ Revised Submission

II. Date:

III. Title of Proposed Study:

IV. Principal Investigator *(with title, department, institution)***:**

Co-Investigators *(with title, department, institution)***:**

Requester Name *(with title, department, institution)***:**

Requester Email Address:

Requester Telephone Number:

V. From which clinical trial(s) are you requesting data? *(Contact SARC if assistance is needed in determining this.)*

VI. Hypotheses:

VII. Study Aims:

VIII. Brief Justification:

IX. Description of Data Needed, Methods:

X. Statistical Design:

A. Data analysis performed by:

B. Publication Plan:

☐ If this has yet to be determined, please check this box:

1) Will this data be the basis for an Abstract ☐ Specify (name and date of meeting and when it would be presented):
2) Manuscript ☐ Specify (journal name and target publication date):
3) Both ☐ Specify:

XI. Budget Considerations:

A. Estimated expenses:

Please account for costs of all aspects of research including technical support, software, investigator and research staff salaries. Please also attach documentation of funding, as noted below.

B. Funding Source (*check all that apply and include appropriate proof of funding*):

☐ Industry *Proof of funding:*

☐ Grant - specify program announcement:

☐ Institutional

☐ Other (specify)

XII. Project Milestones (*expected timeline of project completion; must be within 1 years of receipt of data)***:**

A. Anticipated Project Start Date (date data will be released):
B. Anticipated Project End Date (research completed):
C. Data Submission Date:
D. Final Progress Report Due to SARC:

XIII. Disclosure of Conflict of Interest, If Applicable:

XIV. Data Use Agreements, or Other Contract Issues:

Before delivery of data, it is required that an appropriate Agreement is in place.

A. Name and contact information of the Contracts person at requesting institution:

Name: Contact Information:

B. Have preliminary discussions taken place about the Agreement? **Yes** ☐ **No** ☐

a. If agreement is already in place, please attach signed material use agreement or certified letter stating there is a MUA in place.

C. Are there any independent contractual issues associated with this proposal (e.g., third part involvement, someone else performing the data analyses)?
Yes ☐ **No** If yes, please provide details below.

XV: Have you discussed this project with your local IRB? **Yes** ☐ **No** ☐

A. IRB Review Type:

☐ **Full** ☐ **Expedited** ☐ **Exempt** ☐ **Not Human Subjects Research**

Other, explain:

B. If applicable, please include IRB Approval or Exemption Letter

IRB#: **IRB Expiration Date:** **Exempt-no expiration** ☐

Attachments

A. Proof of Funding/Support
B. IRB Approval or Exemption Letter
C. Signed Material Transfer and/or Data Use Agreements

SARC
collaborating to cure sarcoma

Processing Fees For Data and Imaging

(effective 07/01/2025 - 06/30/2026)

Virtual Microscopy	**Unit Cost**	**Fee Description**
Whole Slide Imaging Fee (each)	$14.00	*Does not include pathologist training or form development in VIPER*
Pre-Existing Digital Image	$7.00	*Distributing a pre-existing digital image to an Investigator*
SARC Coordination Fee	**Unit Cost**	**Fee Description**
Processing and Handling*	$ 50.00	*Fixed processing and handling fee*
Shipping Costs	**Unit Cost**	**Fee Description**
Overnight, Two Day, etc.*	Varies	*Covered by requestor by providing a Courier Account Number*
Rush Fees	**Unit Cost**	**Fee Description**
Rush Project Coordination Fee	$1,077.00	*Coordination fee for projects with requested turn around time of less than 4 weeks (note: timeline may not always be feasible)*
Rush Project Specimen Surcharge	$3.00	*Per-specimen surcharge for rush distribution projects (requested turn around time of less than 4 weeks)*

* ***Assessed on all requests***

All Costs are in US Dollars