**Thank you to fill this form and send it to people below:**

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| --- | --- |
| **1) Request** | **to be completed by the applicant** |
|  |  |
| Date of the request | …………………………………………………………………………………………………….. |
| Identity of the applicant  (senior supervisor / student if applicable) | ……………………………………………………………………………………………………..  …………………………………………………………………………………………………….. |
| Status of the applicant | 🞏 Intra-device LEA  🞏 Extra-device L.E.A (academic sector)  🞏 Extra-device LEA (private sector) |
| Other research team(s) involved | 🞏 No  🞏 Yes, specify ……………………………………………………………………………. |
| Title or theme | ……………………………………………………………………………………………………..  …………………………………………………………………………………………………….. |
| Summary of the request  (rational, objectives, material and methods) | ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  …………………………………………………………………………………………………….. |
| Data availability | 🞏 already available in L.E.A  🞏 need to return to institutions, patients / families |

|  |  |
| --- | --- |
| Categories of data | 🞏 demographics  🞏 clinics  🞏 biology  🞏 genetics  🞏therapeutic  🞏 other(s) ……. |
| Expected restitution | 🞏 aggregated data  🞏 individual data |
| Funding Elements | 🞏 no funding  🞏 funding obtained, type ……………………………………………………  🞏 funding being requested, type ………………………………………………. |
| Regulation | 🞏 study requiring a promoter  🞏 study requiring an ethical committee advice  🞏 study requiring an advice to protect personal data |
| Communication of the results | 🞏 no communication envisaged  🞏 restricted communication (internal)  Date \_\_ / \_\_ / \_\_\_\_\_\_  🞏 congress, conference  Date \_\_ / \_\_ / \_\_\_\_\_\_  🞏 scientific publication (article)  Date \_\_ / \_\_ / \_\_\_\_\_\_  🞏 other …………………………………………………………………………………… |
| Commitment | I pledge to follow the LEA rules of communication (see LEA Governance Charter)  🞏 not applicable  🞏 yes |
| Conflicts of interest | 🞏no  🞏 yes, specify ……………………………………………………………………………. |
| Requested date of restitution |  |