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

Françoise Bourgue/Vion-Dury : francoise.vion-dury@univ-amu.fr or Vanessa Zepponi : vanessa.zepponi@univ-amu.fr

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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 |

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| --- | --- |
| 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 |  |