

Office of Research and Graduate Education

WEST VIRGINIA UNIVERSITY, HEALTH SCIENCES CENTER, PO Box 9104
MORGANTOWN, WV 26506-9104
(304) 293-7206 | [HTTP://WWW.HSC.WVU.EDU/RESOFF/PAGES/HOME](http://www.hsc.wvu.edu/ResOff/Pages/Home)



C8 Health Project Data Request

Dear Researcher:

Thank you for your interest in the C8 Health Project data. Please note that appropriate Institutional Review Board (IRB) approval is needed in addition to approval from the C8 Data Oversight Committee prior to any data being released. Please also attach a completed and signed C8 Data Use Agreement. I will notify you if your request has been approved so that you can start the IRB process. If you have any questions regarding this form, please contact me at your convenience.

Sincerely,

Stephen M. Davis

304-293-1326

smdavis@hsc.wvu.edu

Date of Request: ____/____/____

Please describe your overall project with emphasis given to the potential benefits stemming from the project. Include reviewed literature as appropriate. What is the research question? What are the specific aims? Attach additional pages as needed.

Are you requesting (check all that apply):

- ☐ Brookmar C8 Health Project survey results
- ☐ C8 Health Project serum

Please list the data elements from the Brookmar C8 Health project survey booklet that are required to answer the research questions. Attach additional pages as needed.

For serum sample requests, please indicate the types of tests that will be conducted with the samples to answer the research questions.

For serum sample requests, please indicate the amount of serum needed and include details on the power calculation underlying the sample size determination.

Attestation Statement

I will only use released C8 data for the purposes described in this request and in the approved IRB protocol. I will not share C8 data with anyone not listed in the approved IRB protocol, and I will abide by the Policy on Publications as described in the C8 Health Project Standard Operating Procedures.

Signature of Principal Investigator

Printed Name
Date _____

Contact Information (address, phone number, e-mail):

For Office Use Only

Date of Committee Review: ____/____/____

☐ Approved ☐ Disapproved

Signature of Committee Representative: _____