



**Data Access Application Form**  
Sohail University, Karachi  
Office: 021-35071856-7-8 Ext: 2011, [oric@sohailuniversity.edu.pk](mailto:oric@sohailuniversity.edu.pk)

- Name of Researcher: \_\_\_\_\_
- Student/Employee ID: \_\_\_\_\_
- Discipline/Specific field: \_\_\_\_\_
- Department: \_\_\_\_\_
- Affiliation:    Sohail University    Jinnah Medical & Dental College
- Title of the Project/Publication \_\_\_\_\_

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**Data Information**

**1- Purpose of Data Use** (Like Research, if other specify details with title)

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**2- Ethical Approval**

i.    Have you obtained ethical approval from ERC, (SU)? Yes    No

If yes, please provide approval reference number and date \_\_\_\_\_

If No, please describe the status of your ERC approval process \_\_\_\_\_

**3- Data Management and Security**

i.    How will you ensure the confidentiality and privacy of the data?

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ii. Will the data be anonymized or de-identified before analysis? Yes  No

#### **4- Data Sharing**

- i. Do you intend to share the data with other researchers or institutions? Yes  No
- ii. If yes, please provide details of the data sharing agreements:  

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#### **5- Publication and Reporting**

- i. Do you plan to publish or present the research findings derived from the data?

Yes  No

- ii. If yes, please provide details of the intended publications or presentations:  

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- iii. **Type of Data** (Medicine, Surgery, Pediatrics etc.)  

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- iv. **Size of Data** (No. of records)  

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- v. **Patient's classification**

a. Gender: Male  Female  Both

b. Age group: Infants (\_\_\_\_\_ to \_\_\_\_\_) Adults (\_\_\_\_\_ to \_\_\_\_\_)

- vi. **Source of Data Collection**

Sohail Trust Hospital  Medicare Cardiac & General Hospital

Medicare Dental Hospital  Jinnah Medical and Dental College

Sohail University

Declaration: I declare that all the information given in this form is correct and I will abide by the Data Access Policy relevant to this research. I will reapply for data access approval if there is a significant change or revision in the proposed data access request. Moreover, I will reapply for approval if I need to reuse data that was accessed previously.

**Important Note:**

- ORIC Sohail University reserves the right to seize data usage in case of misconduct/misuse or unauthorized data access without SU ORIC's approval.
- Additionally, this process may take one week after its submission (Hard Copy) to ORIC Office.

**Principal Investigator/Researcher**

Signature..... Date.....

**Supervisor**

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Signature with stamp

Name.....

Date.....

**Head of Department**

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Signature with stamp

Name.....

Date.....

**Endorsement:**

**Director, ORIC (Office of Research, Innovation, & Commercialization)**

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Signature with stamp

Name.....

Date.....

**Note:**

- **Applicants are requested to obtain signatures only from the sections below from where the data is required.**
- **Submit the duly signed and scanned copy of this form to ORIC.**

**Principal (Jinnah Medical and Dental College)**

**Medical Director (Medicare Cardiac & General Hospital)**

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Signature with stamp

Name.....

Date.....

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Signature with stamp

Name.....

Date.....

**Medical Director (Medicare Dental Hospital)**

**Medical Director (Sohail Trust Hospital)**

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Signature with stamp

Name.....

Date.....

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Signature with stamp

Name.....

Date.....