



## Data Access Application Form

Sohail University, Karachi

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

### Data Information

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

\_\_\_\_\_

#### 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?

\_\_\_\_\_

- 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:
- 

#### 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:
- 

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

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

- 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**

**Head of Department**

\_\_\_\_\_  
Signature with stamp

Name.....

Date.....

\_\_\_\_\_  
Signature with stamp

Name.....

Date.....

**Endorsement:**

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

\_\_\_\_\_  
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)**

\_\_\_\_\_  
Signature with stamp

Name.....

Date.....

\_\_\_\_\_  
Signature with stamp

Name.....

Date.....

☐ **Medical Director (Medicare Dental Hospital)**

☐ **Medical Director (Sohail Trust Hospital)**

\_\_\_\_\_  
Signature with stamp

Name.....

Date.....

\_\_\_\_\_  
Signature with stamp

Name.....

Date.....