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**INRF-Italian National Registry for FSHD**

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| INRF data accession request form |
| All requests for data or information from the INRF must be submitted using this request form to [miogen@unimore.it](file:///C:\Users\utente\Downloads\miogen@unimore.it)  Data sharing will be enabled for collaborative research projects only. |

# Applicant

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| --- | --- | --- | --- |
| Full name | Job title | Institution | Email address |
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# Research team

*Provide details of everyone in the research team requesting data.*

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| Full name | Job title | Institution | Email address |
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**Project**

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| Title of the project |
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| Description and rationale of project |
| |  | | --- | | **Part 1 – Introduction , background , main purposes** | |
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| |  | | --- | | **Part 2 – Methods** | |

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| Details of data/samples required |
| Cohort required:  (main clinical features) |
| Samples required: |
| Year(s) required: |
| Project duration/deadline: |