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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%3A%5CUsers%5Cutente%5CDownloads%5Cmiogen%40unimore.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  |
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| **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: |