

MTN SCHARP Data Request Form

Requester's Name:		Site/Organization Name:		
Requester's E-mail:		Date of Request: <i>(dd-MMM-yy)</i>		
Who else should the data request be communicated to (if applicable)? <i>(Provide e-mail addresses)</i>				
Date Data Required: <i>(dd-MMM-yy)</i> Is this date firm? <i>(Note: A 2-week minimum is requested from the date of request.)</i>				
Which site's data is being requested? <i>(If all sites, please specify)</i>				
Objective of Request: <i>(Describe in detail the results you are interested in obtaining)</i>				
Data Sources: <i>(Complete one row per data source, as applicable)</i>	CRF Name/Acronym, lab dataset and/or A/CASI	Item Number(s)	Selection Criteria <i>[e.g., data for only certain date(s) (June 1-30, 2013), for the duration of study, etc.]</i>	Specify how you would like the data organized/presented <i>(e.g. by site, by country, etc.)</i>
Preferred Output File Format: <i>(Excel, PDF, Word doc, No preference, etc.)</i>				
How often will you need this data? <i>(Once, daily, weekly, monthly, etc.)</i>				
How would you like to receive the output (e.g., via email, web (Atlas), or another way)?				

[E-mail completed forms to the study Clinical Data Manager and Statistical Research Associate.](#)