

<p>This form is used to request permission for data use from PCG studies. Return completed form to PCG via email to datarequest@pcgresearch.org</p>	
<p><i>Though more than one person may be involved with a project, only one person is permitted on the request. All investigators are responsible for abiding by PCG policies for this request. Note: Teleconferences to discuss your request with PCG staff are welcome and encouraged.</i></p> <p>Requester name: _____</p> <p>Requester email address: _____</p>	
<p>Date of request: _____</p>	
<p>PCG study for which you are requesting data permission? (i.e. REG001-09): _____</p>	
<p>Do you wish to use all PCG data or specific institutions? <input type="checkbox"/> All institutions <input type="checkbox"/> Specific institution(s) listed: _____</p>	
<p>Brief overview of project: _____</p>	
<p>From the PCG electronic database for this project:</p> <ul style="list-style-type: none"> All data collected on the PCG case report forms will be included for this project unless otherwise specified. For example, if you wish to only received follow up data, please note this below: Please note that for DICOM-RT files, the data that is included is from July 2017 to current. Requests for DICOM-RT data prior to this date will be considered a special project with a timeline of 90 days or longer. PCG is not able to guarantee all files can be obtained from the site. 	
<p>If medical records may be needed for your project, please contact PCG directly at HQ@pcgresearch.org for further information or call the office at (630) 836- 8668</p>	
<p>What is the goal of your project? <input type="checkbox"/> Abstract <input type="checkbox"/> Manuscript <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify: _____</p>	
<p><i>If abstract</i> where and when (year) would you like to present it?</p>	_____
<p><i>If manuscript</i>, what journal(s) would you like to target?</p>	_____
<p>By signing, I verify that I have read and agree to abide by the current PCG Data use and Publication Policy:</p> <p>Signature: _____</p>	
<p>This Section for PCG HQ Use Only</p>	
<p>Publication Chair Name:</p>	<p>Approved <input type="checkbox"/> Denied <input type="checkbox"/></p>
<p>Study Chair Name:</p>	<p>Approved <input type="checkbox"/> Denied <input type="checkbox"/></p>
<p>Study Co-Chair Name:</p>	<p>Approved <input type="checkbox"/> Denied <input type="checkbox"/></p>

Data Use Form

Disease Site Chair Name:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
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Notes:	