**Data Request Application Form**

**HPTN 065 Qualitative sub-Study (QSS)**

**A. GENERAL INFORMATION**

1. **Proposed project title:**
2. **Lead Investigator(s):**

Institution:

Address:

Telephone Number:

Email:

1. **Co-investigator(s):**
2. **Type of data access being requested:**

|  |  |
| --- | --- |
| Viral Suppression | Linkage-to-care |

1. **Purpose of data request:**

|  |  |
| --- | --- |
| Manuscript |  |
| Grant preparation |  |
| Report |  |
| Conference abstract/poster/presentation  Public health use |  |
| Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. **Review the list of completed manuscripts for HPTN 065 at** <https://hptn.org/research/studies/hptn065>**.**

Identify any completed manuscripts that have the potential to overlap with your proposed project:

If you do not see any overlap or potential overlap with what you are proposing, read the following statement and tick the check box if it applies:

I have reviewed the completed manuscripts for the HPTN 065 and see no potential of overlap with the project I am proposing:

1. **Will the investigators** **adhere to the Data Use Agreement?**  Yes  No

**B. STUDY DESIGN** (*Describe your study and analysis plan in the space provided below. Use as much space as is necessary to respond completely to each section.*)

1. **Background** (*Provide a brief description of the rationale for the study, including key references.*)

1. **Specific Aims and Hypotheses**
2. **Study Design and Analysis (include data analysis plan and/or table shells as appropriate)**

1. **Work Will Be Completed by** (*Anticipated month and year in which the work will be completed.*)

Month Year

1. **Summary of Changes**: If submission is a revision (to a previously rejected) or an amendment (to a previously approved) existing application, please summarize all changes.

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**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**