

FaceBase
Human Data Access Final Report

NOTES:

- ALL FIELDS ARE MANDATORY.
- THIS FORM SHOULD BE USED WHEN YOU NO LONGER NEED TO USE THE DATA.

INVESTIGATOR INFORMATION

Principal Investigator's Name: _____

Title/Position: _____

Affiliation: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Mailing Address:

If the principal investigator is not a faculty member (e.g., post-doc or student):

Name of Mentor or Supervisor: _____

Title/Position: _____

Affiliation: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Mailing Address:

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PROJECT INFORMATION

Title of Previously Approved Project: _____

Access Approval Number (previously assigned by FaceBase DAC) _____

I had approval to access data from the following projects:

- 3D Analysis of Normal Facial Variation: Data Repository and Genetics (PIs: Weinberg/Marazita)
- Genetic Determinants of Orofacial Shape and Relationship to Cleft Lip/Palate (PI: Spritz)
- Oral Clefts: Moving from Genome Wide Studies toward Functional Genomics (PI: Beaty)

Brief description of your use of FaceBase data in the past year:

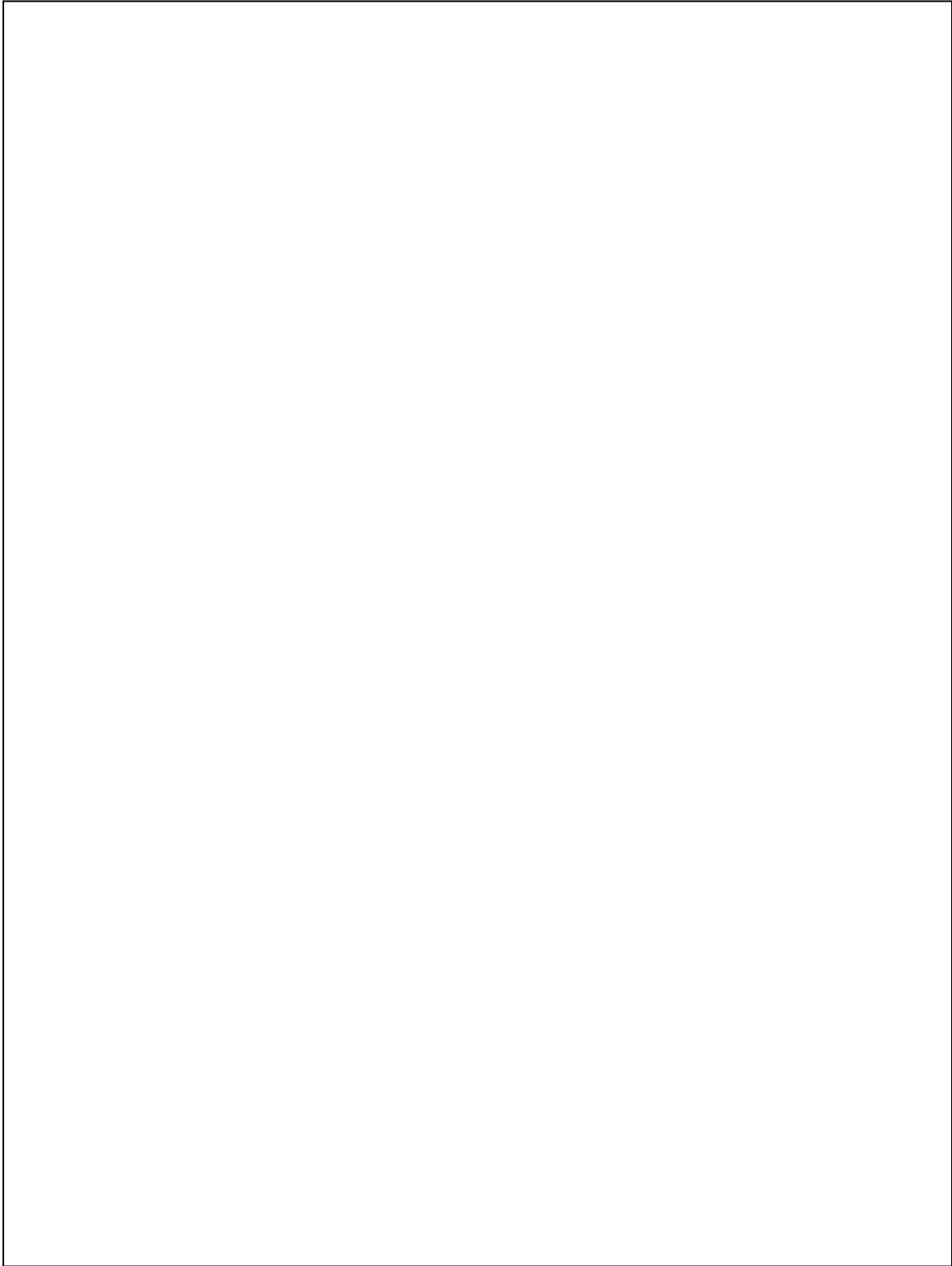
- Findings from studies already conducted (< 500 words)

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- Manuscripts resulting from studies using FaceBase data (*please include manuscripts in press*)

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- Describe any data security breaches or unintentional releases of FaceBase data since the last renewal and how those incidents were dealt with.



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Disposition of the FaceBase data:

3D Analysis of Normal Facial Variation: Data Repository and Genetics (PIs: Weinberg/Marazita)
(Mark one)

- I did not have access to these data.
- I had access to the data, but did not download them.
- I downloaded the data for my project, and have now destroyed them.
- I downloaded the data for my project. I have not destroyed them because I have approved access under another FaceBase data access request. Information about the other project is listed below.

Title: _____

Approval number: _____

- I downloaded the data for my project. I have not destroyed them because I am required to keep them for documentation. More detail is provided below.

Reason for keeping the data: _____

Storage place: _____

Timeline for data destruction: _____

Genetic Determinants of Orofacial Shape and Relationship to Cleft Lip/Palate (PI: Spritz)
(Mark one)

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Oral Clefts: Moving from Genome Wide Studies toward Functional Genomics (PI: Beaty)
(Mark one)

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Principal Investigator Signature

Date: _____

Name (print): _____

Name (signature): _____

Email Address: _____

Mentor/Supervisor Signature (required if applicant is not a faculty member)

Date: _____

Name (print): _____

Name (signature): _____

Email Address: _____

A legally authorized institutional representative (e.g., a signing official) must also sign the Final Report.

She/he verifies the data destruction plan, described under “Disposition of the FaceBase data.”

Date: _____

Name (print): _____

Name (authorized signature): _____

Email Address: _____

Name of Institution: _____

Institutional Title: _____

PLEASE SUBMIT SIGNED AND COMPLETED DAR DOCUMENT AS A PDF FILE TO THE FOLLOWING EMAIL ADDRESS: [dac@facebase.org]