Application for data from Kupol

Send in the filled in form to:

SLSO/CES
Att: KI/PHS Rosaria Galanti floor 6
Box 45436
104 31 Stockholm
Sweden

Alternatively, by email to rosaria.galanti@ki.se.

Project title

| |
| |

Main applicant

Name	Position	Employer
Address	Phone number	☐ Karolinska Institutet
Email	Department/Unit	☐ Other, which?

Co-applicants

Name	Position	Employer
Address	Phone number	☐ Karolinska Institutet
Email	Department/Unit	☐ Other, which?
Name	Position	Employer
Address	Phone number	☐ Karolinska Institutet
Email	Department/Unit	☐ Other, which?
Name	Position	Employer
Address	Phone number	☐ Karolinska Institutet
Email	Department/Unit	☐ Other, which?
Name	Position	Employer
Address	Phone number	☐ Karolinska Institutet
Email	Department/Unit	☐ Other, which?

Project description

Background and motivation for the study

Aim and specific research questions

Analysis plan and methods

Number of projected papers (with provisional title)

Timeline (for each paper)

Desired information

Exposure or explanatory factor(s):

Confounders:

Modifiers:

Mediators:

Outcome:

Signature

☐ I understand and agree to that data from Kupol may only be used to answer the research question stated above.

☐ I understand and agree to that data from Kupol may only be presented in aggregated form so that individual answers/values cannot be determined.

Signature of main applicant	Date
Name in block letters	City, Country

To be added by the Kupol steering group office

☐ Approved

Approved by (name):

Date:

☐ Personal data processor´s contract signed

Date: