**Singapore Epidemiology of Eye Diseases (SEED)**

**Data Request Form**

**Important information:**

1. **Please obtain approval for the required data from A/Prof Cheng Ching Yu,** cheng.ching.yu@seri.com.sg and submit this form to the SERI Data Management Unit (DMU) to get the approved data from DMU.
2. **All fields are mandatory**. Indicate “N.A.” for fields that are not applicable.
3. For large/ complicated requests, please submit your request **5 - 10 days in advance** to allow sufficient time for processing.
4. Add-on requests and changes to previously submitted/ processed requests will be treated as new requests. As such, please **re-submit** your request form upon approval from Prof Cheng Ching Yu.
5. Request **without** signature would be **rejected**.

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| **To be completed by Requestor** |
| Date of request (DD-MM-YY) : |  |
| **Particulars of Requestor** |
| Full name: |  | Contact number: |  |
| Organization: |  | Email address: |  |
| **Data Information** |
| Purpose of data (e.g. Research paper title):  |  |
| Format of data file (e.g. MS Excel, SPSS): |  |
| Study (e.g. SiMES, SINDI, SCES): | SiMES, SINDI and SCES |

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| **Variables required – use “ / ” to separate the variables** (e.g. Age / Gender / BMI) | **Remarks** |
| Note: Please keep to allocated space and avoid extending the request form beyond 1-page. Only variables listed will be sent. Do list down all the specific variables that you need, separate by “ / “, e.g. Age / Gender / BMI |  |

***\*\*Non-transferability\*\*****: Data received is* ***solely restricted to your own use*** *for the proposed purpose as indicated above. Requestor may not distribute the Data to any other individual or entity, regardless of the intended use of such Data. Failure to comply with this non-transferability may result in disqualification of Requestor from receiving additional Data, and Requestor will be* ***deterred*** *from using SEED data for future projects. If Requestor intends to use the Data for other study purposes, please also obtain clearance. Any data request will be accepted ONLY with proper data request form and must be sent to* ***DMU.***

*Contact Person: Ms Sangeetha Nagarajan -* ***sangeetha.nagarajah@seri.com.sg******.***

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| By signing below, I acknowledge that I have read, agree to and accept all of the terms and conditions set forth above. |  | ***For SERI DMU use*** |
| **Signature of Requestor** |  | ***Received Date:*** |  |
|  | ***Received By:*** |  |