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| **To the**  Martin-Luther-University Halle-Wittenberg**Steering Commitee of Institute for Med. Epidemiology, Biometry & Informatics****the CARLA-Study University Clinic und Outpatient Clinic for Internal Medicine III** **(Cardiology, Angiology)** Medical Faculty **c/o Prof. Dr. med. Rafael Mikolajczyk, MSc****Institute for Med. Epidemiology, Biometry & Informatics****Martin-Luther-Universität Halle Wittenberg****Magdeburger Str. 8**06097 Halle (Saale)Or via Mail: carlastudie@uk-halle.de |
| APPLICANT / PROJECT SPECIFICATION Geschäftszeichen(von der CARLA-Studienleitung auszufüllen: Jahr / Nr.) |\_\_\_\_|\_\_\_\_\_\_\_/\_\_\_| |
|  | Date of Application  |
|  | Title of Proposal |
|  | **Principal Researcher** (name, organisation/institute; address; phone number; email) |
|  | research question (including derivation of research question) |
|  | Description of required samples (which samples, which FU, selection of research participants) |
|  | Parameters which will be determined |
|  | Description of required data (synopsis of content) |
|  | Considerations regarding sample size |
|  | Planned title of publication with intended author list (s. Publikationsregeln Steuergremium CARLA-Studie)Planned title of publication:Authors: The author list of the key paper will include following authors in the specified order: |
|  | Financing / Declaration of Cost Absorption:*explanation:**The distribution of sample material generates expenses/requires personnel. The amount of expenses depends on the respective efforts of provision and will be determined in a separate agreement.*Available funds for the provision of requested analyses (mark with a cross):|\_\_| third-party funding|\_\_| budget fundingThe applicant agrees to bear all resulting costs incurring through allocation of sample material. |
|  | Comments of Applicant: |
|  | Signature of Applicant(s):Date: (Name: ) (Name: ) |
|  | Approval of the application for use of data/material by the Steering Commitee of the CARLA-Studie: |\_| the proposed application is granted without restrictions |\_| the proposed application will be granted after the completion of the following conditions (if need be necessary additions / explanations / outstanding questions for the application):Signatures of Steering Commitee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prof. Dr. med Rafael Mikolajczyk Prof. Dr. med. Daniel Sedding |