

APPLICATION FOR DATA AND SAMPLES FROM THE SWEDISH ADDISON REGISTER

Send in 2 copies to: Sophie Bensing, ME Endokrinologi
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www.addisonregistret.se

Date of arrival:

APPLICANT INFORMATION	Name: Institution: Phone: E-mail	
PROJECT	Project title	
	Short description of project including aim, hypothesis and planned analyses (requesting samples)	
	<input type="checkbox"/> Complete research plan is attached to this application (required)	
	Approval by Ethical committee X <input type="checkbox"/> Yes (enclose copy) <input type="checkbox"/> No <input type="checkbox"/> Not applied	
REQUEST DETAILS	X <input type="checkbox"/> DATA (enclose complete list of variables wanted) Age, gender, other autoimmune disorders', and duration of disease.	SAMPLES (volume) <input type="checkbox"/> Serum ul <input type="checkbox"/> DNA <input type="checkbox"/> I can not use thawed and refrozen material
OTHER INFORMATION		
ACCEPTANCE OF TERMS	<input type="checkbox"/> I Have read, understood and agree to terms of agreement	
SIGNATURES	Signature of the applicant	Signature of research supervisor (if any)

FIELDS BELOW ARE FILLED IN BY AUTHORIZED REPRESENTATIVE OF THE SWEDISH ADDISON REGISTER

DECISION	<input type="checkbox"/> Approved according to application <input type="checkbox"/> Approved with reservation <input type="checkbox"/> Denied with motivation	
	As co-author from The Swedish Addison Register is suggested:	
	Signature by Principle Investigator	
 Date Sophie Bensing