ADCS | Alzheimer's Disease Cooperative Study
UC San Diego

Data Access Request Form

Name:		**Date:**
Organization:		
Position/Role:		
Address:		
Telephone:	**Email:**	

☐Check here if you are requesting access ***only*** for yourself (no additional collaborators).

Please provide a description of your research plans and the intended use of the data.

1) Include your proposed hypothesis(es) and why the ADCS data set(s) are suitable for addressing your hypothesis(es).
   - Hypothesis 1
   - Hypothesis 2
2) Methods

3) Datasets

- Which datasets and which variables are you requesting access to?

Describe your analysis plan for addressing the hypothesis and the instruments that will be used in your analysis as well as what you will be comparing.

Collaborators/Data Analysts:

Name	
Organization	
Position/Role	
Address	
City/St/Zip	
Telephone	
Email	
☐ Check here if you are requesting access for this person	

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