Welcome to the SysBioCube

Getting Started with a NEW STUDY

We are pleased you would like to use the SysBioCube system to enhance your research study. To get started, fill in the form below then return to Dr. Jessica Calzola at jessica.m.calzola.ctr@mail.mil.

Lead PI Name (First & Last): _____

It is the understanding of the SysBioCube administrators that the individual designated as the (or a) lead PI has the right and authority to grant access to study-specific data. When new users request data access (via a new account or account modification request), the SysBioCube team will contact the lead PI(s) for such permissions. It is the responsibility of the lead PI(s) to ensure new users are listed on relevant IRB/protocols prior to approval and have received appropriate training to work with the data (be it human, animal, other).

Are there other Lead PIs?   **YES**   **NO**

For multi-institutional collaborations or other types of studies, you may prefer to designate multiple lead PIs. Please explain the purpose for designating multiple lead PIs (i.e., multiple institutions or duplication of duties). All lead PIs will need to submit their own separate NEW STUDY form.

Comments:

Phone: _____

Email: _____

Organization/Institute: _____

Location (City, State):   _____

Study/Project Title: _____

SysBioCube Study Title: _____

For ease of organization, project/study titles are shortened to one-word within the SysBioCube. Please provide a one word designation for your study. This will be the Study Title used throughout the system and is to be referenced by any new users when filling out the NEW USER/NEW ACCOUNT Request form.

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Study/Project Description (Please provide a brief 1-3 sentence description):

Anticipated Project Duration: _____
                             Month, Fiscal Year   -   Month, Fiscal Year

Project Funding

Is this project funded?   YES   NO

What is the source of the funding (i.e., Army Core, CDMRP, DHA, etc.)?

Will the data include   ***De-Identified Human***   ***Animal Model*** data?

If you selected ***Animal Model*** data, what type of animal model?

If you selected ***De-identified Human*** data:

Does your protocol require IRB approval?   YES   NO   NA

Has your protocol been approved?   YES   NO   NA

Project Title listed on IRB Submission:

IRB #: _____

When submitting this application, include a copy of the IRB approval letter and protocol as separate attachments.

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Is this a **collaboration**?   YES   NO

If yes, please list the Users/Emails/Organizations/Institute of your collaborators (if known):

What **types of data** are you planning to upload into the SysBioCube?

Transcriptomics

(mRNA) Metabolomics

miRNA

Methylation

Clinical

Demographic

Other

If you know which instruments/data processing programs you will use to generate the raw/processed data, please list them below:

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I _____, as the/a designated lead PI, confirm that the information in this form is accurate.

I understand that as a lead PI it is my responsibility to ensure that in the future, the new users I authorize can, in fact, be given access to the data (e.g., are listed on relevant IRB/protocols, have received appropriate training to work with the data (be it human, animal, other) and I have the authority to make these determinations).

I understand that as a lead PI it is my responsibility to ensure, if applicable, that my research project follows USAMRMC Office of Research Protections (ORP) Human Research Protections Regulatory (HRP) Requirements, or those of a comparable office within my institution, to include, but not limited to, Institutional Review Board (IRB) review and approval for use of the SysBioCube system for the collection, sharing, use and/or storage of de-identified human clinical data.

I understand that the SysBioCube can only be used to store de-identified human research data. It is my responsibility to ensure team members understand Protected Health Information (PHI), Personally Identifiable Information (PII) and are appropriately trained to de-identify datasets prior to upload on the system.

Lead PI Signature: _____

Note: If signed manually, please be sure to include a date.

This application has been reviewed by a SysBioCube administrator and approved. The signature below indicates the study was created as requested.

SysBioCube Team Signature: _____

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