

eMERGE Network Affiliate Membership Clinical Application

Date of Application: _____

Organization: _____

Main Contact Name: _____

Main Contact e-mail: _____

1. Please provide a concise research summary, including:

- Description of subject cohort available for analyses (*See Table 1 on Page 4 for format*)
- Specification of available genomic and phenotyping data (*See Table 2 on Page 4 for format*)
- Existing and planned phenotyping (if any)
- Existing and planned association, risk, or other analyses (if any)
- Clinical implementation projects proposed (if any)
- Rational for how the proposed project(s) address(es) eMERGE Network goals

2. Please provide evidence that proposed projects are consistent with participants' informed consent and the research has received appropriate IRB approvals.

Attaching a Final Action Letter or other IRB approval is sufficient.

3. Please provide evidence of funding: a statement from an authorized Institutional Official stating that funds are available to conduct the proposed research.

****Please continue to the next page to agree to the eMERGE Network's Affiliate Membership Terms and Conditions.***

Terms and Conditions

1. _____ (organization name) agrees to adhere to Network policies, guidelines and agreements, including the eMERGE Data Use Agreement and data submission policies. Initials of main organization contact: _____
2. _____ (organization name) agrees to participate fully in eMERGE Network activities, including attending Steering Committee meetings and working group calls, and contributing to the products of these groups. Initials of main organization contact: _____
3. _____ (organization name) agrees to the condition that each participant will contribute significantly to the project, bringing his/her particular expertise to bear on accomplishing the goals of the Network in a timely manner. Participation in the Network should consist of more than submission of data to the Network, and should include substantial intellectual contributions to the Network. Initials of main organization contact: _____
4. _____ (organization name) agrees to the condition that each participant will agree to not disclose confidential information obtained from other members of the Network. Initials of main organization contact: _____

Please Describe the Data Sets you can make available for eMERGE Investigators, if applicable

Table 1: Cohort Description

| | Count | % Female | Median Age | | % EA | % AA | % Hisp. |
|-----------------------|-------|----------|------------|--------|------|------|---------|
| | | | Male | Female | | | |
| Overall | | | | | | | |
| Study 1 | | | | | | | |
| Study 2 | | | | | | | |
| Etc, as needed | | | | | | | |

Table 2: Data Description

| Count | Data Type | Platform | % Hisp. | % EA | % AA | % Asian | Comments |
|-------|---------------------|----------|---------|------|------|---------|----------|
| | Dense genotyping | | | | | | |
| | Exome Array | | | | | | |
| | WES | | | | | | |
| | Targeted Sequencing | | | | | | |
| | WGS | | | | | | |