

eMERGE Network Affiliate Membership Non-Clinical Application

Date of Application: _____

Organization: _____

Main Contact Name: _____

Main Contact e-mail: _____

1. Please provide a concise research summary, including:

- Specification of expertise, data or capabilities that complement but are not currently available in eMERGE (if any)
- Outline of proposed project(s) – including details related to:
 - Rationale for how the proposed project(s) address(es) eMERGE Network goals;
 - Data needed or requested;
 - Evidence of proposed project funding: a statement from an authorized Institutional Official stating that funds are available to conduct the proposed research.

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						