

National Birth Defects Prevention Study (NBDPS)

Collaboration Request Form

Date:	
Name (degrees):	
Affiliated institution(s):	
Contact information:	
<i>Phone</i>	
<i>Email</i>	
<i>Address</i>	
Title of proposed project	
Provide a brief description of proposed project	
Are there any potential conflicts with listed NBDPS publications? If yes, which ones?	
How will the proposed project contribute to public health, particularly perinatal health promotion and birth defects prevention?	
Are there any conflicts of interest in your use of the data? Is there any potential for financial, social, or personal gain from your use of the data?	
Describe your qualifications to conduct public health research, including training	
Do you have adequate resources to comply with the requirements of the Confidentiality Oath regarding the safeguarding of NBDPS data (see attached)? Please describe	
Is there a specific Center for Birth Defects Research and Promotion with which you would like to collaborate?	