

## Data Request Form

Please complete the request form and submit the request to the OxalEurope Registry Board at [info@oxal-europe.org](mailto:info@oxal-europe.org)

CONTACT INFORMATION	
Date of Request	
Requesting Researcher	
Email	
Phone	
Affiliation	
Additional Requesters	<i>If your request is on behalf of another individual please add their name and affiliation here</i>
Study TITLE	

ANALYSIS PLAN	
Background / Literature Review	<i>Provide background and list relevant literature or references related to your proposal.</i>
Objective(s) / hypothesis	
Patient Population	<i>Specify any known inclusion, exclusion criteria, and any subgroups of interest or for comparison (e.g. pediatrics and adults, or patients with and without transplant, etc.)</i>
Data Elements	<i>E.g. primary renal diagnosis, age at diagnosis, country of residence, diagnostic information, treatment modality, specific lab values, etc. of interest. Include specific definitions or categories, where known.</i>
Methodology	<i>E.g., descriptive analysis, change from baseline to last follow-up, time to event, etc.</i>
Preferred format of the output file	<i>SPSS - xls - pdf</i>
Date of the study	<i>Please specify when you plan to begin and to end your analysis, with an expected date of manuscript submission</i>