

NIH

NATIONAL CANCER INSTITUTE Cancer Research Data Commons

datacommons.cancer.gov

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I. Introduction

This guide walks you through the basics of completing the Submission Request Form using the <u>CRDC</u> <u>Submission Portal</u>. If you have questions that are not answered here, please contact the CRDC Helpdesk (NCICRDC@mail.nih.gov).

II. Prerequisites

The main prerequisite for completing a Submission Request Form is creating a Login.gov account. Although not required, it is strongly recommended that the Login.gov identity be associated with your company or institution. Note: NIH staff can use their PIV cards as their identity.

Use Login.gov to create an account.

Note: Login.gov requires 2-factor authentication. This needs to be set up when you create the Login.gov account using the same email address.

III. Starting the Data Submission Request Application

On the CRDC Submission Portal, click on Login in the middle of the screen or in the upper-right corner. You are prompted to use your Login.gov credentials. A successful login redirects you to the NIH single sign-on page where you can log in using either a PIV card (NIH staff) or Login.gov (non-NIH staff) identity.



Figure 1. CRDC Submission Portal Landing Page.

Once you log in, the NIH Single Sign-On page appears where you can sign in with your NIH login ID (or PIV card for NIH employees).

Smart Card Login	
Insert your PIV card into your sr	imart card reader or
help?	o credentials. Need
Sign in	
_	
Authenticator A	Npp
Need help?	recentials and check your phone for a one-time code or push notification.
Username	Password Forgot Password?
	Sign in
	or

Figure 2. NIH Login page

If you are not an NIH user, once your Login.gov identity is accepted by the CRDC Submission Portal, you are prompted to share the login information with NIH by clicking on the **Grant** button.



Figure 3. NIH - Information Sharing Consent: Click on Grant

The CRDC Submission Request portal appears, where you can do the following:

- To start a new request, click the **Start a Submission Request** button immediately above the table on the right side.
- If you are a returning data submitter, the Submission Request List table appears, which lists all current submission requests. To continue, click the **Resume** button associated with the submission.

Submiss	ion Req	uest List			-		24
elow is a list of subr ccount. Please click ontinue work.	mission requests that on any of the submis	are associated with your ssion requests to review or			•	Start a Sub	mission Reques
Submitter Name	Organization	Study	Program	Status	Submitted Date \downarrow	Last Updated Date	Action
heyiwen	FNL	Genomic data v24.4.1	Human Tumor Atlas Network	Approved	5/6/2024 2:34 PM	5/6/2024 2:39 PM	View

Figure 4. Submission Request List

IV. Data Submission Request Form Walkthrough

This walkthrough includes images from the Submission Request Form highlighting critical requested information. Note that as you progress in filling out this form:

- · Pages and page sections can be filled in any order
- Progress is automatically saved so you can return as needed. However, if any field is incorrectly filled, the user is asked whether they want to cancel, save, or discard the changes.



Figure 5. Unsaved Changes message pop-up window

- For subsequent submission requests, the Principal Investigator and Contact section is pre-filled, although it can be edited
- The form cannot be submitted without completing all the required fields.

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1. FEATURES OF THE SUBMISSION REQUEST FORM

Status Bar

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SI The the othe	tollowing set of high-level quee RDC, related to data storage, r requirements of data submitt	equest Form stors are intended to provide insight to access, secondary sharing needs and ers.		
		Status: NEW	Last updated: 6/20/2024	Full History
0	Principal Investigator	Principal Investigator and Con	tact	
\sim	and Contact	PRINCIPAL INVESTIGATOR		
0	Program and Study	Provide the Principal Investigator contact inform	sation for the study or collection.	
0	Program and Study Data Access and Disease	Provide the Principal Investigator contact inform First name* Enter first name	Last name *	
0	Program and Study Data Access and Disease Data Types	Provide the Principal Investigator contact inform First name* Enter first name Position* Enter position	Last name * Last name * Enter last name Email * Enter email	
0	Program and Study Data Access and Disease Data Types	Provide the Principal Investigator contact inform First name* Enter first name Position* Enter position Institution*	Last name * Last name * Enter last name Email * Enter email	
0	Program and Study Data Access and Disease Data Types	Provide the Principal Investigator contact inform First name* Enter first name Position* Enter position Institution* Enter or Select an Institution	Last name * Last name * Enter last name Email * Enter email	
0	Program and Study Data Access and Disease Data Types	Provide the Principal Investigator contact inform First name* Enter first name Desition* Enter position Institution* Enter or Select an Institution Institution Address*	Last name * Last name * Enter last name Email * Enter email	

Figure 6. First page of the Submission Request Form with highlighted areas to illustrate its features

The **Status Bar** appears on all the form pages. Status values include:

- New Application is started but no information has been entered.
- In Progress The form is partially filled in but is not complete.
- In Review The form has been submitted and the Submission Review Committee is reviewing it.
- Approved/Rejected The Submission Review Committee has noted their decision.

The **Last updated** field shows the last date that information was added or changed in the form.

The **Full History** button pops up a window showing the history of all status changes since the form was started.

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Navigation Buttons

At the bottom of each page, three navigation buttons help you move between the form's pages and save progress.



Figure 7. The Save or Back/Next buttons are at the bottom of each page

Add and Remove Buttons

In various places on the application form, **Add** buttons (a green circle with a white plus sign and a label) allow you to add multiple instances of that section. For example, the **Add Contact** button allows you to enter contact information for multiple people. Clicking the **Remove** button allows you to delete that section.

First name*	Last name*	
Enter first name	Enter last name	
Position *	Email*	
Enter position	Enter email	
nstitution*	Phone number	
Enter or Select an Institution	C Enter phone number	

Figure 8. Remove or Add Contact buttons are available for fields that allow additional entries

2. SUBMISSION REQUEST FORM: Principal Investigator and Contact

eturn to exoc submissi	on Requests Data Submissions Model Nav	rigator
Cubmission	Dogwoot Form	
Submission	Request Form	
The following set of high-leve the CRDC, related to data sto	questions are intended to provide insight to age, access, secondary sharing needs and	
other requirements of data su	bmitters.	
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	Status: New	Last updated: 6/20/2024
\sim	Principal Investigator and Co	Intact
Principal Investigator	Principal Investigator and Co	ontact
Principal Investigator and Contact	Principal Investigator and Co	ontact
Principal Investigator and Contact	Principal Investigator and Co PRINCIPAL INVESTIGATOR Provide the Principal Investigator contact info	ormation for the study or collection.
Principal Investigator and Contact Program and Study	Principal Investigator and Co PRINCIPAL INVESTIGATOR Provide the Principal Investigator contact info First name*	ormation for the study or collection.
Principal Investigator and Contact Program and Study	Principal Investigator and Co PRINCIPAL INVESTIGATOR Provide the Principal Investigator contact info First name*	ormation for the study or collection. Last name* Enter Last name.
Principal Investigator and Contact Program and Study Data Access and Disease	Principal Investigator and Co PRINCIPAL INVESTIGATOR Provide the Principal Investigator contact infe First name* Enter first name	ormation for the study or collection. Last name* Enter last name.
Principal Investigator and Contact Program and Study Data Access and Disease	Principal Investigator and Co PRINCIPAL INVESTIGATOR Provide the Principal Investigator contact infe First name* Enter first name Position*	ormation for the study or collection. Last name* Enter Last name. Email*

Figure 9. Page One of the Submission Request Form

This part of the form collects information about the Principal Investigator (PI) for the project, the primary contact, and contact information for any additional staff who may be helping with the data submission. The Add Contact button in the Additional Contacts section can be used to add as many additional contacts as needed.

This page has several required fields for each of the contacts:

First Name: The first (given) name of the contact

Last Name: The last (family) name of the contact

Position: The position or title the person holds at their company or institutions

Email: A valid email address, which will be used for communications. Please be accurate.

Institution: This field is the company or institution with which the person is associated. The drop-down narrows the options as you start typing. If you don't find your institution, type in your institution name

Institution Address (PI Only): The official address of the company or institution the PI works for

Note that a contact can be removed with the Remove Contact option at the bottom of each frame.

3. SUBMISSION REQUEST FORM: Program and Study

urn to CRDC Submission I	Requests Data Submissions Model Navig	ator - PAULA
Submission R The following set of high-level que the CRDC, related to data storage ther requirements of data submit	Request Form estions are intended to provide insight to access, secondary sharing needs and ters.	
	Status: NEW	Last updated: 6/20/2024 Full History
Principal Investigator and Contact Program and Study	Program and Study PROGRAM INFORMATION	e program name(s) and/or organization(s) that funded this study.
	Program * 0 Select a program	:
Disease	Program Title*	Program Abbreviation *
	100 characters allowed	100 characters allowed
Data Types	Program Description *	
, Regime, and Subpitt	500 characters allowed	#
	STUDY INFORMATION	have been collected for.
	Study Title * 0	Study Abbreviation 0
	100 characters allowed	20 characters allowed
	Study Description * 0	

Figure 10. Page two of the Submission Request Form

The Program and Study section provides information about the overall program that funded the activities and details the study that falls under this program. The following fields are included:

Program Information: The name of the broad administrative group that oversees the data collection. Examples include Clinical Proteomic Tumor Analysis Consortium (CPTAC), or Human Tumor Atlas Network (HTAN) Programs tend to be large, NCI-funded efforts with several projects or studies in them.

Study Information: Much like a paper title, this is intended to provide a short, single way to refer to this collection of data. Longer descriptions should be put in the *Study Description* field. If you have used a Study Title when registering in dbGap, please use that same Study Title here. (See dbGaP registration information below.)

Funding Agency/Organization: Please note which agencies or programs funded the work and any the assigned grant or contract numbers. Note that additional funding agencies can be provided by using the *Add Agency* button. If your funding agency is not listed in the drop-down, please send an inquiry email to NCIInfo@nih.gov.

IbGaP REGISTRATION	
Please indicate if your study is currently registered with dbGaP.	
Has your study been registered in dbGaP?*	
No Yes	
f yes, provide dbGaP PHS number with the version number	
Ex/ "phs002529.v1.p1". 50 characters allowed	
EXISTING PUBLICATIONS	
ist existing publications associated with this study, include PubMed ID (PMID), DOI.	
	Add Existing Publication
PLANNED PUBLICATIONS	
ist planned publications and/or pre-prints associated with this study, if any, and the estim	nated publication date.
	Add Planned Publication
REPOSITORY	
Add repository if your data has been submitted to another repository	
add repository if your data has been submitted to another repository	
	Add Repository

Figure 11. dbGap information is gathered on the second page of the form, along with information about publications and repositories outside of CRDC

dbGaP Registration: If you have already registered with dbGaP, please provide the PHS number for your project in the Data Submission Request Form. You are prompted to select Yes with the slider and provide the PHS number in the text box.

Note that studies that contain controlled access data must be registered at dbGaP prior to completing the Submission Request Form.

Existing Publications and Planned Publications: Neither of these are required for a Data Submission Request, but if you do provide publication information, some fields are required.

Repository: This section collects information about other data repositories *outside of the CRDC* that contain information from the same study. As with Publications, this is an optional section; however, if data are deposited outside of the CRDC, providing this is useful to the Submission Review Committee. Note that data repositories or data commons that are part of the CRDC include the Genomic Data Commons (GDC), Proteomic Data Commons (PDC), Imaging Data Commons (IDC), the Integrated Canine Data Commons (ICDC), and the Cancer Data Service (CDS). The Clinical and Translational Data Commons (CTDC) will be live in late 2024. Find more information about CRDC's Data Commons <u>here</u>.

4. SUBMISSION REQUEST FORM: Data Access and Disease

	tequests Data Submissions Model Navigat	or ~		PAUL
Submission F	Request Form			
The following set of high-level que the CRDC, related to data storage other requirements of data submit	estions are intended to provide insight to , access, secondary sharing needs and ters.			
	Status: NEW		Last updated: 6/20/2024	Full History
Principal Investigator	Data Access and Disease			
and Contact	DATA ACCESS			
Program and Study	Informed consent is the basis for institutions subr controlled-access NIH/NCI data repositories. This controlled-access studies are required to submit genomic-data-sharing-policy/institutional-cetir	nitting data to deter refers to how CRD an Institutional Cert fications	mine the appropriateness of submittin C data repositories distribute scientific fication to NIH, Learn about this at <u>ht</u>	ng human data to open or : data to the public. The tps://sharing.nih.gov/
Data Access and Disease	Access Types (Select all that apply):*			
	Open Access			
Data Types	Controlled Access			
Review and Submit				
	CANCER TYPES			
			and the second	100
	Select the types of cancer(s) and, if applicable, pr	e-cancer(s) being st	udied. Multiple cancer types may be s	elected

Figure 12. Page three of the Submission Request Form

This page collects information on cancer type(s) you want to submit and accessibility of the data, if any of the data is considered controlled access and will require users to get permission to access it or if it is openly available to the research public. Please note that if the study contains controlled access data, CRDC requires users to register their study in dbGaP.

Data Access: Indicates that the data are

- Open Access (anyone can access your data without restriction)
- **Controlled Access** (users are asked to seek permission through dbGap before they are allowed to access your data). One or both of the options must be selected.

Cancer Types: You can select multiple items from the dropdown. Select all types that apply. If the cancer types are not on the list, provide those in the *Other cancer type(s)* text box.

Subjects/Species: Multiple options are provided in the drop-down menu. If you cannot find the species in the drop-down menu, select the *Other Specie(s)* involved field and type in the name of the specie(s). This section also asks for the total number of subjects in the submission.

5. SUBMISSION REQUEST FORM: Data Types

Cancer Research	Data Commons	Model Naviaato				PAULA
ubmission R e following set of high-level que c CRDC, related to data storage, er requirements of data submit	equest Form stions are intended to provide insight 1 access, secondary sharing needs and ers.	0				
	Status: NEW			Last updated: 6/20	0/2024 Full Histo	irγ
Principal Investigator and Contact	Data Types	ASE DATES				
Program and Study	MM/DD/YYYY	livery Date		MM/DD/YYYY		9
Data Access and Disease Data Types	DATA TYPES* Indicate the major types of data data in Other (specify). At least	a included in this sub one data type is req	mission. For each t uired.	ype listed, select Yes or N	lo. Describe any additional m	ajor types of
Parenty and Submit	Clinical O	No O	Yes	Senomics O	No 🔵 Y	'es
	Proteomics O	No 🔵	Yes I	maging O	No 🔵 🕚	/es
	Other Data Type(s)					
	Other Data Types (Specify)					
	FILE TYPES List the number, size, and form Indicate one file type per row. J	ats of files in the sub At least one file type	mission in the tabl is required.	e below.	O A	dd File Type
	File Type*	File	Extension*	Number of files*	Estimated data size*	Remove

Figure 13. Page four of the Submission Request Form

This section covers the types of data included in the study. Most fields can be answered by using the Yes/No sliders next to each option.

Data Delivery and Release Date: The targeted data submission delivery date to CRDC and the expected publication date of the respective study.

Note that both dates are considered estimates. CRDC does not expect that submitters will hold to this start date and does not guarantee to release data by the expected study publication date, although we will make every effort to meet your deadlines.

- **Data Types:** Select **Yes** for the data types relevant to your submission. Some of the fields (such as Imaging and Clinical) open up additional data type-specific questions if you select **Yes**. If you plan to submit data types not listed in this field, use the *Other Data Type(s)* field to provide that information.
- **Clinical**: If this is selected, another field opens with options detailing the types of information collected about the participants/subjects of the study such as demographics, treatment dates, and outcomes. Any additional information not listed can be provided in the *Other Clinical Data* Types text box.
- **Imaging:** If this is selected, a prompt opens to indicate if the data planned for submission will be deidentified.

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File Types: This section covers the kinds of data files that will be uploaded on the portal as well as the number of files and the data size. These numbers are estimates only and the CRDC team will not hold an approved submission request to the information provided here, but asks that you make the most accurate estimate that you can. Use one row per file type and add additional rows using the *Add File Type* button.

dicate one file type per row.	At leas	st one file type is required.		G Ac	ld File Type
File Type*		File Extension*	Number of files*	Estimated data size*	Remove
Enter or select a type	×	Enter or select an extension	Enter file count	E.g. 500 GB	
Raw sequencing data Derived sequencing data Clinical data Protein expression data Imaging data		about this submission.			

Figure 14. Page four of the Submission Request also collects information about File Types through drop-down menus

Additional Information: Any additional information needed for the Submission Review Committee to consider.

Cell lines, Model Systems: Indicate whether the data are from cell lines or model systems.

Confirm the data you plan to submit are de-identified: Select Yes or No

- Note that this De-Identification attestation pertains to all data that will be submitted.
- This means that all identifiers used in the study cannot be traced back to an individual and that the submission will be free of all Personally Identifiable Information (PII) or Protected Health Information (PHI).
- Even for studies that will be placed under controlled access, there must not be any information that would allow the identification of a participant.

6. SUBMISSION REQUEST FORM: Review and Submit

This section is locked until all required fields have been completed in the previous sections. **When all required fields have been filled out**, the Review and Submit section will be available and allow you to review all information entered on a single page.

Once you are satisfied that the information is complete, click the **Submit** button at the bottom of the page. **This locks the form from further editing** and notifies the Submission Review Committee that your request is ready for review.

V. Check the Data Submission Portal for Updates

The CRDC Submission Review Committee meets on a regular basis to review Submission Request applications. It takes four to six weeks from the time an application is made until the requester hears back from the committee.

The Submission Request application review can result in three different outcomes:

- **Your request is approved.** This starts the process of submitting the data files to CRDC. The Principal Investigator or project contact is assigned a concierge who will help walk you through that process.
- Your request is rejected. This means that the committee has decided that your submission is not a good fit for CRDC, and you should find an alternative way to distribute your data.
- **There are additional questions.** In this instance, you will be contacted via email for additional information that the committee needs to come to a decision.