



# APOLLO-5 Imaging Access Request Form

**Directions: Please completely fill out this form for access to APOLLO-5 imaging on the Cancer Imaging Archive (TCIA). Please email the saved form as an attachment to [michelle.tacconelli@nih.gov](mailto:michelle.tacconelli@nih.gov).**

All requests to use non-public APOLLO-5 resources for analysis must be approved by the MCCRCP Director or, when applicable, the APOLLO Steering Committee. For access to APOLLO-5 imaging data this APOLLO-5 Imaging Access Request Form should be completed and submitted to the email listed above.

*Request Date:*

*Project/Purpose:*

*Requested by:  
(Name and Email)*

<p><b>For Official Use</b></p> <p>Approved:</p> <p>Decision Date:</p> <p>Signature:</p>
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## APOLLO Collections

(Select all requested)

- APOLLO-5-BLCA
- APOLLO-5-BRCA
- APOLLO-5-CCRCC
- APOLLO-5-CHOL
- APOLLO-5-CM
- APOLLO-5-COAD
- APOLLO-5-ENDOCRINE-MISC
- APOLLO-5-ESCA
- APOLLO-5-GIST
- APOLLO-5-HNSCC
- APOLLO-5-KICH
- APOLLO-5-KIRP
- APOLLO-5-LIHC
- APOLLO-5-LSCC
- APOLLO-5-LUAD
- APOLLO-5-LUNG-MISC
- APOLLO-5-MISC
- APOLLO-5-MSG
- APOLLO-5-NET
- APOLLO-5-NONCANCER
- APOLLO-5-OV
- APOLLO-5-PAAD
- APOLLO-5-PRAD
- APOLLO-5-SAR
- APOLLO-5-THCA
- APOLLO-5-THYM
- APOLLO-5-UCEC

*Lead Investigator:*

*Contact Information:  
(Organization, Phone  
Number, Email)*

*Research team members  
requesting access to download  
imaging directly from TCIA:  
(Names and Emails)*

*Additional research  
team members that will  
use the data at your  
organization:*

*Data Usage Plan or Research Summary*