

APPENDIX-3

Data Use Agreement

General Information

Principal Investigator (PI)

Name

Email

Phone

Primary Contact

Secondary Contact

Do the data contain information collected from human research subjects? Yes No

Have the data been collected with IEC approval and with informed consent? Yes No

Do the Data contain any identifiers or individually identifiable health information Yes No

How will the research to be conducted with the Data be funded?

Do you anticipate that any inventions or intellectual property will be developed from the use of the data? Yes No

If yes, by whom?

Will the data be used in conjunction with other research? Yes No

If yes, what research?

Do you anticipate receiving any Confidential Information as part of the data transfer? Yes No

By signing this Agreement, you agree that the data that you shall receive will not be transmitted to anyone else and that standard ethical practices will be followed during the usage of these data.

Signature

Name in Capital letters

Place and Date