

PART A- RECIPIENT/INVESTIGATOR INFORMATION

Recipient: _____
Address: _____
Phone: _____ Fax: _____
Protocol Title: _____
Date of Application: _____ IRB Approval Period: _____ to _____
Primary Investigator's GAPNA Membership Number and Expiration Date: _____

PART B- CONDITIONS AND STIPULATIONS

Recipient-Investigator agrees to the following conditions and stipulations:

1. The De-identified Data Set information will not be used or disclosed for any propose other than the project permitted by the Agreement or as required by law.
2. Appropriate safeguards will be implemented as described below to prevent use or disclosure of the De-identified Data Set information other than as provided for by this Agreement.
3. The information obtained in the De-identified Data Set represents the minimum necessary for the research purposes described below.
4. Any individuals or organizations, including subcontractors, to whom the De-identified data Set is provided, must first agree to the same provisions as set forth in the Agreement.
5. Any dissemination of findings for which the requested data is used must contain the following template language of acknowledgement and disclosure: *"The data discussed herein was obtained from the GAPNA study (insert parent data source here). The views and conclusions expressed are those of the author and not necessarily those of GAPNA."*

PART C – STUDY INFORMATION

Identify parent source from which the De-identified Data Set is requested (title of parent study as identified on the dataset):

The following variables/measures are requested for inclusion in the De-identified Data Set (list separately each of the variables requested):

Recipient/Investigator agrees to limit access to use the De-identified Data Set to the following individuals or classes of individuals (provide complete list of all individuals or classes of individuals, who will access the De-identified Data Set):

Recipient/Investigator agrees to take for following actions and/or institute the following controls to prevent unauthorized use or disclosure of the De-identified Data Set (identify measures to be taken to maintain data security and prevent unauthorized disclosures):

Attach to this form the following prior to submission:

- 1) Abstract of planned work (including hypothesis or aims, methods and planned analyses)**
- 2) Timeline of activities**
- 3) Dissemination plan**

PART D – GAPNA REVIEW COMMITTEE APPROVAL

The data use request outlined above has been reviewed by: *(Names of Reviewers)*

1. 2. 3.

The Committee recommends:

- Approval as requested**
- Modify request as specified:**
- Disapprove** *(Reason for disapproval):*

Chair Signature: _____

PART E - SIGNATURES

The parties signing below agree to the following conditions enumerated above...

1. Recipient of the De-identified Data Set

Name of Recipient-Investigator:

Email of Recipient-Investigator:

Signature of Recipient-Investigator: _____ _____
Date

2. Authorized GAPNA Representative releasing the De-identified Data Set

Name of Authorized GAPNA Representative:

Email of Authorized GAPNA Representative:

Signature of Authorized GAPNA Representative: _____ *Date* _____

Please submit this form with any backup documentation to our National Office at GAPNA@ajj.com.