

MEMORANDUM OF UNDERSTANDING

DIVISION OF PREVENTIVE MEDICINE

BRIGHAM AND WOMEN'S HOSPITAL

I am aware that all data generated by _____ [Name of Study] are confidential. As a condition of receiving data from this study, I agree to the following terms and conditions:

- 1) Data will be used solely by me for the agreed project, as specified in the attached description.
- 2) I will keep data files that have been given to me on a secure (password-protected) computer, and I will not share these files with others without specific permission from the study Principal Investigator.
- 3) I will prominently label data from this study as confidential, and will not share unpublished results of my research from these data unless approved for release.
- 4) None of the data nor any inference from it will be submitted, presented, published or disseminated at any forum without prior approval from the Division of Preventive Medicine.
- 5) Any material approved by the Division of Preventive Medicine for presentation and/or publication will be submitted in final form to the Division of Preventive Medicine for independent verification.
- 6) I will take full responsibility for the continued confidentiality of the data set, and will ensure that no copies of the data set are retained (electronic or paper form) at the end of the project.

Signature

Date

Name (Please print or type)

Name of Project: _____

Authorized by:

Study Principal Investigator

Date