

St. Luke's University Health Network

Terms of Submission for De-identified Data Sharing Projects

RESEARCH PROJECT: [PROTOCOL] _____

PRINCIPAL INVESTIGATOR: _____

COLLABORATING INSTITUTION/CENTER: _____

COLLABORATING PRINCIPAL INVESTIGATOR: _____

SENT VIA EMAIL TO: _____

Thank you for agreeing to participate in the Research Project with St. Luke's University Health Network and its affiliates, under the supervision of the Principal Investigator identified above ("St. Luke's"). The Research Project has been approved by or determined exempt from approval by the St. Luke's Institutional Review Board. By submitting data to St. Luke's as required by the Protocol, you acknowledge and agree that:

- (1) the Research Project has been approved by or determined exempt from approval by your IRB or an IRB to which you have authorized to review the Research Project on your behalf;
- (2) you will de-identify all data submitted as required by and in accordance with the Health Insurance Portability and Accountability Act of 1996 and implementing regulations (HIPAA);
- (3) your data will be combined with data submitted by other institutions, and cannot be returned to you either during or upon completion of the Research Project; and
- (4) the data submitted by all participating institutions will be used collaboratively for the Research Project, with authorship determined in accordance with ICJME standards and guidelines.

St. Luke's University Health Network acknowledges and agrees that it will not:

- (1) attempt to re-identify any data you submit;
- (2) sell your data to any third party;
- (3) use your data for any purpose other than in connection with the Research Project, unless approved by you and the other submitting institutions, and subject to review and approval by an Institutional Review Board; or
- (4) use the name of the Collaborating Institution/Center or Collaborating Principal Investigator other than in connection with identifying both in any abstract or publication regarding the Research Project, and as otherwise permitted or required by law.

Principal Investigator

Print Full Name:

Signature:

Date: