

Occupational Epidemiology Branch Data Use Agreement

It is of utmost importance to ensure the confidentiality of individuals in our studies. Therefore, every effort has been made to exclude identifying information from our computer files. Certain demographic information such as sex, race, etc. have been included for research purposes. It is mandatory that all research results be presented/published in a manner which ensures that no individual can be identified. In addition, there should be no attempt to identify individuals from any computer file nor to link with a computer file containing personal identifiers.

In order for the Occupational Epidemiology Branch to provide data to you, it is necessary that you agree to the following provisions.

1. You will not use nor permit others to use the data in any way other than for statistical reporting and analysis.
2. You will not present/publish data in which an individual can be identified.
3. You will not attempt to link nor permit others to link the data with individually identified records in another data base.
4. You will not attempt to learn the identity of any person whose data are contained in the supplied file.
5. If the identity of any person is discovered inadvertently, then the following will be done:
 - a. no use will be made of this knowledge,
 - b. the Occupational Epidemiology Branch will be notified of the incident, and
 - c. no one else will be informed of the discovered identity.
6. You will not release nor permit others to release the data in full or in part to any person except with the written approval of the NCI.
7. If accessing the data utilizing the Internet, you will need a security user name and password. You will not give this user name or password to any other individuals or organizations.
8. For all data provided by the Occupational Epidemiology Branch, you will not copy, distribute, or profit from its sale or use.

My signature indicates that I agree to comply with the above stated provisions.

Signature

Date

Please provide (print) the following information:

Data Requested

First Name

Initial

Last Name

Organization

Street Address

Street Address

City

State

Zip

Country

Telephone

Fax

Internet E-mail Address

Please mail the original, completed form to:
Data Distribution
Occupational Epidemiology Branch, NCI
6120 Executive Blvd, EPS 8118, MSC 7240
Bethesda, MD 20892-7240