

**Breast Cancer Surveillance Consortium Collaborative Agreement  
for Obtaining Preliminary Data to Assess Project Feasibility**

1. Project Title: \_\_\_\_\_
  2. Project Leader: \_\_\_\_\_
  3. Key Collaborators: \_\_\_\_\_
  4. Statistical Coordinating Center Contact: \_\_\_\_\_
  - 4: Brief summary of request: \_\_\_\_\_
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**Agreement**

This Breast Cancer Surveillance Consortium (BCSC) Collaborative Agreement (“Agreement”) is made and entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between the BCSC and \_\_\_\_\_ (“Data Recipient”). This Agreement sets forth the terms and conditions pursuant to which the BCSC will disclose aggregate data tables to the Data Recipient for the assessment of project feasibility. The Data Recipient(s) may only use the data tables to assess feasibility of a research project. The data tables may not be used for any other purposes (such as publication) and may only be shared with collaborators for the purpose of assessing project feasibility.

**Obligations of Data Recipient**

1. Data Recipient agrees that the data tables are only to be used to assess feasibility of a research project. Thus, the data tables cannot be used for publication or citation, and may only be shared with other individuals to facilitate discussions about project feasibility.
2. Data Recipient agrees to not use or disclose the data tables for any other purpose other than as permitted by this Agreement. If the recipient would like to use the data for another purpose, she/he is required to submit a proposal form to the BCSC.
3. Data Recipient agrees to use appropriate Security to prevent the use or disclosure of the data tables other than as provided for by this Agreement. Data Recipient will establish and maintain the appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access. Data Recipient agrees to report to the BCSC Statistical Coordinating Center (SCC) contact any use or disclosure of the data tables not permitted by this Agreement of which he/she becomes aware.
4. No one having access to the BCSC data will attempt to learn the identity of any persons, radiologists, facilities, or BCSC sites. In the event that Data Recipient or collaborator is able to deduce the identity of a specific patient, radiologist, facility, or BCSC site he/she will agree to not attempt to contact these individuals or institutions or share the identity information with anyone.
5. Data Recipient agrees that in the event the BCSC determines or has reasonable belief that he/she has violated any terms of this agreement, the BCSC may request that he/she return the data and all derivative files to the SCC. Additionally, as a result of the BCSC’s determination or reasonable belief that a violation of this agreement has taken place, the BCSC may refuse to release further BCSC data.

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IN WITNESS WHEREOF, the parties have executed this Agreement on the date first written above.

**Signature from the Breast Cancer Surveillance Consortium:**

\_\_\_\_\_  
(Signature of SCC Principal Investigator or Designee)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Print name)

\*\*\*\*\*

**Signature of Project Leader:**

The person signing below represents and warrants that s/he has authority to execute this Agreement on behalf of the Data Recipient (in the case of students and fellows, the department chair or advisor from the student's academic institution must sign the data request). Your signature indicates that you agree to comply with the above stated provisions.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Print name)

Institution/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*\*\*\*\*

**Required for Students and Fellows: Signature of Department Chair or Advisor:**

The person signing below represents and warrants that s/he has authority to execute this Agreement on behalf of the Data Recipient. Your signature indicates that you agree to comply with the above stated provisions.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Relationship to project leader)

Institution/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_