



Imacs

**IMACS REGISTRY
DEIDENTIFIED DATA SET
DATA USE AGREEMENT (DUA)**

Data Requestor Name: _____

Project Title: _____

The IMACS Registry will provide the individual identified above (the Requestor) with the deidentified dataset derived from the IMACS Registry solely for the use specified in the initial data request form. Data which may be used to identify a patient or facility has been removed or pseudonymized / anonymized.

In order for the IMACS Registry to provide a deidentified dataset to you, it is necessary that you agree to the following provisions.

- A. I, the Requestor, will neither use **nor permit others** to use the data in any way other than for the research purpose and statistical reporting and analysis based on the initial data request form for this study.
- B. I, the Requestor, will neither release **nor permit others** to transfer the files or data therein to any other person (including media and subcontractors) other than the collaborators listed in the initial data request form, except with the written approval of the IMACS Registry DCC and SRC.
- C. I, the Requestor, will not present and/or publish data in which an individual or facility may be identifiable.
- D. I, the Requestor, will not attempt to sell this data directly **nor permit others** to sell the data.
- E. I, the Requestor, will neither attempt **nor permit others** to attempt to combine or link the data with individually identifiable records in another database or source of information or to learn the identity of any person or institution whose data is contained in the supplied files.
- F. If the identity of any person or institution is discovered, I, the Requestor, agree to: a) not use this knowledge in any way, and b) notify the IMACS Registry DCC and SRC of the incident.

- G. If I, the Requestor, access the data from a centralized location on a time-sharing computer system or LAN with any statistical package, I, the Requestor, will not share my logon name and/or password with any other individuals. I, the Requestor, will also not allow any other individuals to use my computer account after I have logged on with your logon name and password.
- H. As Primary Investigator, I, the Requestor, certify that I am responsible for ensuring that any collaborators and/or staff assigned to this project with access to these data will follow all of these provisions.
- I. As Primary Investigator, I, the Requestor, certify that I have appropriate institutional review board / ethics committee (or equivalent) approval or exemption for my proposed study.
- J. I, the Requestor, will respond to queries from the IMACS Registry DCC and SRC for progress reports on the study and compliance with the terms of this agreement.
- K. I, the Requestor, agree to abide by the established Policies and Procedures for Access to and Use of IMACS Deidentified Data.
- L. **If I, the Requestor, do not comply with any of the requirements in this agreement, the permissions granted for this DUA may be revoked by ISHLT and/or the IMACS Registry DCC and / or SRC, and ISHLT and/or the IMACS Registry DCC and/or SRC may bar me and/or my institution from submitting data requests in the future.**

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

Signature _____ Date _____

Name _____

Institution Name _____

Street Address _____

State/Country/Postal Code _____

Phone Number (including country code) _____

Email _____