

**Data Sharing and Usage Agreement**

*(Use this form to formalize data-sharing agreements in conjunction with IRB submissions. Complete sections highlighted in dark gray fillable fields. Delete this italicized red text before submission. Form adapted with permission from Oklahoma State University)*

**Project Title:** Click or tap here to enter text.

**Researcher(s):** Click or tap here to enter text.

**Institutional Affiliation:** Click or tap here to enter text.

**Data Provider(s):** Click or tap here to enter text.

**Affiliation (e.g., Institutional, Organizational):** Click or tap here to enter text.

**Assurance of Anonymity:**

The Researcher(s) listed above has been granted access to previously collected data managed by the Data Provider(s) listed above. The purpose of this agreement is to ensure the anonymity of participants whose data are included in the requested data, as well as to confirm the ways in which the data can be used and reported (and limitations on usage and reporting). This agreement is pursuant to IRB regulations set forth by the OHRP. The relevant text from the OHRP/IRB regulations is as follows:

*"the investigator(s) cannot readily ascertain the identity of the individual(s) to whom the coded private information or specimens pertain because the investigator(s) and the holder of the key enter into an agreement prohibiting the release of the key to the investigator(s) under any circumstances until the individuals are deceased."*

**Usage and Limitations on Usage of Data:**

|  |  |
| --- | --- |
| Select all agreed-upon ways in which the data can be used: | |
|  | Reported in an aggregate, anonymous manner for the completion of an individual research project, thesis, or dissertation. |
|  | Reported in an aggregate, anonymous manner in publications or conference presentations. |
|  | Uploaded in an aggregate, anonymous manner in publicly available data repositories (e.g., Open Science Framework; considered a best practice but not mandatory). |
|  | Shared in an aggregate, anonymous manner with other researchers who request access. |
|  | Other agreed-upon usage of the data (described below): |
|  | Click or tap here to enter text. |
| List any limitations on data usage below: | |
| Click or tap here to enter text. | |

**For Data Provider(s):**

By signing below, I commit to excluding all personally identifying information associated with any data provided to the Researcher(s). My signature does not commit me to providing any data whatsoever to the Researcher(s). Rather, if such data are provided, I agree that all personally identifying information will be excluded from the data. Additionally, I agree to adhere to the list of allowable uses and limitations on usage described above.

Click or tap here to enter text. Click or tap to enter a date.

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Signature Date

**For Researcher(s):**

By signing below, I commit to using only data received from the Data Provider(s) completely disassociated from information that might personally identify any individual participants. I also agree to exclude the Data Provider(s) as an investigator on any research projects I undertake using the requested data. Additionally, I agree to adhere to the list of allowable uses and limitations on usage described above.

Click or tap here to enter text. Click or tap to enter a date.

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Signature Date