

## Agreement for Strong Heart Study (SHS) Data Distribution

To: SHS Coordinating Center

From: \_\_\_\_\_(Requestor)

Title/Institution/Address: \_\_\_\_\_

Title of project: \_\_\_\_\_

I agree to read and follow the SHS protocol with regard to proper use of SHS data that I receive for my project. I have attached a copy of the protocol/proposal describing how I will use these data to better understand cardiovascular disease and related diseases in American Indians.

I agree to protect the confidentiality and privacy of the SHS participants and the security of the data. I will not seek, transfer, or disclose any individually identifiable information about any SHS participant at any time. Violation of this confidentiality agreement is considered a serious breach of ethical conduct and may leave me, my colleagues, and my institution liable to legal action on the part of the affected SHS participants and their families. I agree that the SHS data provided to me by the SHS Coordinating Center are to be used **only** for the research as described in the attached research protocol. **I promise not to share or distribute the SHS data to anyone else. I further agree not to use the data for commercial purposes, profit, or patents.**

For each paper I wish to write from this research study using the SHS data, I agree to comply with the SHS Publication Policy (<http://strongheartstudy.org> ) and to submit a paper proposal for review and approval of the SHS Publications and Presentations (P&P) Committee. As described in the policy, further approvals from the National Heart, Lung, and Blood Institute (NHLBI), the Indian Health Service (IHS), and the participating tribes will be needed prior to publication in any journal. **If approval from the SHS P&P Committee, the NHLBI, the IHS, or the participating tribes is not granted, I agree not to publish these results.** I understand that the SHS P&P Committee or Steering Committee will assist me in revising my paper in such a way that will make it acceptable to the above-mentioned entities. I will send a reprint of my published article to the NHLBI Program office, and all others as detailed in the **SHS P&P Publication Policy.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Data request number (to be assigned by the SHS Coordinating Center): \_\_\_\_\_