

## **Sister Study Data Sharing Agreement**

It is required that collaborators review and sign the following pledge of confidentiality prior to receiving Sister Study data.

I hereby certify that I will keep completely confidential all information arising from Sister Study data concerning individual respondents to which I gain access. I also certify that I will abide by all requirements of the NIEHS Institutional Review Board (IRB) and other applicable IRBs. Beyond the research team, I will not discuss, disclose, disseminate, or provide access to survey data and identifiers except as authorized in writing by the Sister Study Steering Committee. I shall use the Sister Study data only for approved purposes. I am also aware that I am responsible for the compliance of all other personnel under my supervision who have access to the data provided to me by the Sister Study. I agree to report any breaches in confidentiality to the Steering Committee within 24 hours of their being discovered. I give my personal pledge that I shall abide by this assurance of confidentiality.

Name (Signature): \_\_\_\_\_

Name (Print): \_\_\_\_\_

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