

Reference ID :

ECG-ViEW II 1994-2013 Research Data Access Request Agreement Form

Data Use Agreement for the 1994-2013 ECG-ViEW II Research Data File

Every effort has been made to exclude identifying information on individual patients from the data files. Certain demographic or clinical information, such as modified birthday, sex, diagnosis, prescription, etc., is included for research purposes. All research results must be presented or published in a manner that ensures that no individual can be identified. Additionally, there must be no attempt either to identify individuals from any computer file or to link with a computer file containing patient identifiers. To provide access to the Research Data File, it is necessary that you agree to the following provisions. The data will be allowed researchers who was trained Collaborative Institutional Training Initiative (CITI, <https://www.citiprogram.org/>) program. Please write the valid CITI program Complete Report number.

1. I will not use or permit others to use the data in any way other than for statistical reporting and analysis for research purposes.
2. I will not attempt to identify any patient whose data are contained in the supplied file(s).
3. I will not attempt to link or permit others to link the data with individually identified records in another database.
4. I will not present or publish data in which an individual patient can be identified. I will not publish any information on an individual patient, including any information generated on an individual case. Furthermore, I will avoid publication of statistics for very small groups.
5. I will not release or permit others to release the data, in full or in part, to any person except with the written approval of the ECG-ViEW Program. In particular, all members of a research team who have access to the data must sign this data-use agreement.
6. I will not profit from the sale or use of any software or program sources provided by ECG-ViEW and will not incorporate these in any other software system except with the written approval of the ECG-ViEW Program.
7. I will continue to keep passwords that are applied to the data, and will not give it to the others.
8. I will use the data within single computer which cannot be accessed someone else, and discard all data when my research is finished.

9. I will take appropriate information security methods in addition to the above mentioned methods for preventing the leakage of the data.

10. I guarantee the Collaborative Institutional Training Initiative (CITI) certification Complete Report number is valid.

11. I will cite the source of information in all publications. The appropriate citation is associated with the data file used. My signature indicates that I agree to comply with the above stated provisions.

I agree with all the provisions described above and sign below.

CITI program Complete Report No. _____

NAME _____

DATE _____

Signature _____

Please write CITI program Complete Report No., your name, date the agreement and sign. Send the form to The ECG-VIEW Program. Or send by fax to +82-31-219-4472, or e-mail a scanned form to abmi@ajou.ac.kr