Women’s Health Initiative (WHI)
Data Access and Use Agreement for the WHI Virtual Data Enclave (VDE)

Terms: “Recipient” is the investigator who is requesting a copy of the data set. The “data set” refers to any portion, part or subset of the data files available on WHI Study Operations website. “Sponsoring PI” is the WHI Principal Investigator overseeing the Recipient in his/her WHI work.

Name of Recipient: _________________________________________________________

Email address of Recipient: ________________________________________________

Name of Sponsoring PI: ____________________________________________________

Approved Manuscript #(s): _________________ Approved AS #: _____________

As a condition of obtaining authorization from Fred Hutchinson Cancer Research Center (“CENTER”) to obtain on-site or remote access to WHI data stored in the VDE (the “Data”), the Recipient shall be required to sign the WHI Data Distribution Agreement and shall also be required to comply with the additional terms of this Data Access and Use Agreement set forth below. “On-site” access is defined as being physically located on site at the CENTER. “Remote” access is defined as being authorized to access using Microsoft’s Remote Desktop Connection program.

I, the Recipient, agree to abide by the following terms and conditions:

1. I will not copy or store the Data at any location outside the CENTER through FTP, email, or any other means.
2. I will not copy the Data to any removable media such as a USB drive.
3. I will not create screen shots either by Print Screen, photography or any other means.
4. I will not permit or facilitate access to the Data to anyone who has not signed a WHI Data Distribution Agreement.
5. I understand and agree that the CENTER must review the resulting data files or tables containing the Data to ensure that no confidential data is contained within them before sending them to me at a later date.
6. I will notify the CENTER immediately if I become aware of any unauthorized access or use of the Data.
7. I understand that the CENTER is entitled to unilaterally terminate my access to and use of the Data in the event that I, or someone under my supervision or control, violates the terms of the WHI Data Distribution Agreement or this Data Access and Use Agreement.

___________________________________________ ________________________
Signature of Recipient  Date

___________________________________________ ________________________
Signature of Sponsoring PI  Date

06/02//14