# SA-PCCOC Data Use Agreement

This form should be completed and signed by chief investigators on behalf of their research team. Responsibility for the data rests with the chief investigator.

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| General usage and presentation of data  I will: |
| |  |  |  | | --- | --- | --- | |  | use the SA-PCCOC data sets only for pre-approved research purposes, analysis, and aggregate statistical reporting |  | |  | submit a data analysis plan using the appropriate data request form prior to using data sets. |  | |

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| I will NOT use the data sets to do any of the following without prior review and written approval from the SA-PCCOC steering committee chair or delegate. |
| |  |  |  | | --- | --- | --- | |  | start a new analysis or duplicate an existing analysis |  | |  | submit an abstract to a professional conference |  | |  | submit a manuscript for journal publication |  | |  | present data or results in oral or written forms |  | |  | make statements indicating or suggesting data interpretations |  | |  | use the data sets (or any part) for any commercial purpose |  | |

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| I will acknowledge the following in all oral and written reports based on the data sets: |
| |  |  |  | | --- | --- | --- | |  | SA-PCCOC and any member(s) as required by SA-PCCOC |  | |  | the data sets are the property of the South Australian Prostate Cancer Clinical Outcomes Collaborative |  | |

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| Security and confidentiality of data   I will NOT: |
| |  |  |  | | --- | --- | --- | |  | share the data sets (or any part) with others and I understand that each data user must have his or her own individual data use agreement with SA-PCCOC in order to use the data sets |  | |  | release or disclose any data that are individually identifiable under the or any information that identifies persons directly or indirectly |  | |

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| I will NOT do any of the following without prior review and written approval from the SA-PCCOC steering committee chair or delegate: |
| |  |  |  | | --- | --- | --- | |  | link the records of persons in the data sets with individually identifiable records from another source |  | |  | use the data sets to learn the identity of any person included in the data sets |  | |  | contact persons in the data sets to question, verify, or discuss data |  | |

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| I will : |
| |  |  |  | | --- | --- | --- | |  | ensure that the data sets are kept in a secured environment to which only I have access |  | |  | work with SA-PCCOC to develop a compliant protocol which will require approval from that office |  | |  | obtain and maintain ethics approvals relating to use of the data |  | |  | report any violations of this data use agreement to the SA-PCCOC Executive Officer within 48 hours of becoming aware of those violations |  | |  | only use the data in collaboration with SA-PCCOC to an extend warranting authorship in resulting publications and presentations | |

My submission of this form indicates my agreement to comply with the above-stated requirements with the knowledge that any violation of them will result in termination of permission to use the data sets and withdrawal of any data results submitted as part of an abstract or manuscript for presentation or publication.

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| Name: |  |
| Institution: |  |
| Position: |  |
| Email: |  |
| Phone: |  |
| Study that this agreement relates to: |  |
| Date: |  |
| Signature: |  |