

**Agricultural Health Study
Confidentiality Agreement September 2008**

You will complete your AHS data request electronically through the online application at the AHS STaRS website (www.aghealthstars.com), but we must receive the signed Pledge of Confidentiality by fax. Please fax the signed Pledge of Confidentiality to Amy Miller at 301.294.2085. Be sure to include your printed name and the title of the project.

AGRICULTURAL HEALTH STUDY

Pledge of Confidentiality for Collaborators - Prior to receiving AHS data it is required that collaborators review and sign the following pledge of confidentiality.

I hereby certify that I will keep completely confidential all information arising from Agricultural Health Study data concerning individual respondents to which I gain access. I also certify that I will abide by all requirements of the NCI 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 Agricultural Health Study Executive Committee. I shall use the Agricultural Health 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 AHS. I agree to report any breaches in confidentiality to the Executive Committee within 24 hours of their being discovered. I give my personal pledge that I shall abide by this assurance of confidentiality.

Name (Signature) _____ Date _____

Name (Print) _____

Project Title: _____

Mailing Address (This should be a street address so that Federal Express will deliver to it):

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____