



BRIGHAM AND
WOMEN'S HOSPITAL



HARVARD
MEDICAL SCHOOL

MEMORANDUM OF UNDERSTANDING
DIVISION OF PREVENTIVE MEDICINE

- 1) Data will be used solely for the agreed upon project, _____
_____.
- 2) All data files will be kept on a secure (password protected) computer, and will not be shared with others without specific permission from the study Principal Investigator, _____.
- 3) Data from this study will be prominently labeled as confidential, and unpublished results from these data will not be shared unless approved for release.
- 4) No data nor any inference from it will be submitted, presented, published or disseminated at any forum without prior approval from the Division of Preventive Medicine.
- 5) Any material approved by the Division of Preventive Medicine for presentation and/or publication will be submitted in final form to the Division of Preventive Medicine for independent verification when individual study results are displayed.
- 6) No copies of the data set will be retained (in electronic or paper form) at the end of the project.
- 7) Any results from laboratory testing or DNA analyses generated from our specimens will be sent back to the Division of Preventive Medicine.

I agree to the above conditions:

Name (Investigator)	Signature	Date
---------------------	-----------	------

Authorized by:

Name (PI or Representative)	Signature	Date
-----------------------------	-----------	------

A copy of this form must be retained by the project representative and sent to the PI of the study.