The Principal Investigator of this DSS Data Access Request(s) is responsible for ensuring that all lab personnel at the University of Pennsylvania with access to data distributed by NIAGADS DSS review and agree to abide by the terms outlined below. This includes all individuals (investigators, trainees, staff, graduate students, postdoctoral fellows, technicians, and internal collaborators).

Terms of Agreement:

1. I have read and agree to the terms of the [Data Transfer Agreement](https://dss.niagads.org/niagads-dss-dta-3/), [Data Distribution Agreement](https://dss.niagads.org/niagads-dda/), and [Data Use Certification](https://dss.niagads.org/niagads-dss-duc-2/).
2. I verify that I have received HIPAA/human subjects protection training, certification, and compliance as defined by my institution and will retake the training before it expires while I have access to the data provided by NIAGADS DSS.
3. Data exchange between all collaborators must be consistent with the [NIH Security Best Practices for Controlled-Access Data Subject to the Genomic Data Sharing (GDS) Policy](https://sharing.nih.gov/sites/default/files/flmngr/NIH_Best_Practices_for_Controlled-Access_Data_Subject_to_the_NIH_GDS_Policy.pdf) and [GDS Policy](https://grants.nih.gov/grants/guide/notice-files/not-od-14-124.html).
4. There will be no unauthorized secondary sharing of data obtained or derived from a NIAGADS DSS project.
5. I acknowledge that failure to comply with these terms and conditions could result in termination of data access, sanctions as decided by the National Institutes of Health, and potential barring from my lab applying for data for a period to be determined.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of the Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Institutional Official Date

Printed name of the Institutional Official Date

# Additional signatures on next page.

# Signature of Personnel Signature of Personnel

# Printed Name of Staff Member Printed Name of Staff Member

Date Date

# Signature of Staff Member Signature of Staff Member

# Printed Name of Staff Member Printed Name of Staff Member

Date Date

# Signature of Staff Member Signature of Staff Member

# Printed Name of Staff Member Printed Name of Staff Member

Date Date

**Please duplicate this page if additional signatures are needed.**