

VIRGINIA YOUTH SURVEY (VYS) DATA SHARING AGREEMENT WITH EXTERNAL RESEARCHERS

I, _____, as principal investigator/research staff on this proposed analysis of Virginia Youth Survey (VYS) data, I agree to the following requirements for the use of the VYS data, and assure compliance with the requirements.

1. I will not use nor permit others to use these data except for statistical analysis and reporting.
2. I will not use nor permit others to use these data to conduct analyses other than those described in the proposal, titled _____, which accompanies this statement.
3. I will not release nor permit others to release the data set or any part of it to any person other than those listed as collaborators in the attached proposal.
4. I will not attempt to link nor permit others to link the data set with individually identifiable records from other Virginia Department of Health (VDH) or non-VDH data sets.
5. I will not attempt nor permit others to attempt to use the data set to learn the identity of any participant. If the identity of a respondent should be inadvertently discovered, I will make no use of this knowledge, nor will I permit others to use the knowledge. I will inform the VYS staff of the discovery, so they can prevent future discoveries. I pledge that neither I nor other members of my team will inform anyone else of this knowledge.
6. A copy of all oral or written presentations of the results of the analyses will be sent to the VYS Coordinator and Epidemiologist at the time of submission or presentation to track the utilization and dissemination of VYS findings. I agree to allow sharing of any manuscripts with the VYS Coordinator before submission for publication and the acknowledgment of VDH in all publications/presentations.
7. When the proposed analyses are completed, all copies of these data will be destroyed or returned to VYS staff. Written confirmation that the data has been destroyed will be provided to the VYS Coordinator.
8. I understand that the sharing of this data does not imply, in whole or in part, that the proposed topic has not been investigated before, or will not be investigated now or in the future, by other investigators interested in this topic.
9. I agree that the data will be kept in a secure environment and will be password-protected in that environment and when transported to another environment. Only authorized users will have access to the data set and password.
10. I agree to allow VYS staff to use any materials or products developed as a result of this research to promote the health and well-being of all Virginians.

My signature indicates my agreement to comply with these requirements.

Name: _____

Title: _____

Organization: _____

IRB Approval Number: _____

Signature: _____ Date: _____