|  |  |
| --- | --- |
| Description: IRB | **Confidentiality Agreement for Coded Biologic Specimens and/or Data**  |

|  |  |  |
| --- | --- | --- |
| Please provide contact information for a representative who can answer any questions that the IRB might have concerning this submission:This box is for IRB-01 use ONLY.

|  |  |
| --- | --- |
|  |  |

 |
| Name: |       |
| Position: |  |
| E-mail: |       |
| Phone #: |       |
| Pager #: |       |
| 2nd Contact: | name + e-mail or phone # |
| Group: |  |

|  |
| --- |
| Form Instructions:* Submit four copies (the signed original plus three photocopies) of your submission to the IRB-01 office. You must provide copies of all paperwork including any relevant IRB approvals or consent forms. You should also retain one copy of the submission for your files.
* Submissions that do not meet our Submission Acceptability Standards will be returned to the PI. Visit <http://irb.ufl.edu/irb01/forms.html> for more information.
* All submissions must be typed.
* This form is available on the IRB-01 website at: <http://irb.ufl.edu/irb01/forms/forms1.html>
 |

|  |  |
| --- | --- |
| 1. | Date:       |
| 2. | Principal Investigator at UF:      UF ID#:       |
| 3. | Project Title at UF:       |

This form can be used in order to establish that coded/de-identified data and/or samples can be transferred between two parties in such a way as to insure that the data/samples can be considered anonymous to the researcher who receives the data/samples.

* The “collector-investigator” is the individual who originally possesses the data or samples.
* The “recipient-investigator” is the individual who will receive the coded/anonymous data or samples.

Under the terms of this agreement, the two parties agree that (1) the collector-investigator will not disclose any information that could identify who the samples belong to, AND (2) the recipient-investigator will not attempt to identify who the samples belong to.

Details of Confidentiality Agreement:

When an investigator conducts research involving biologic specimens and/or data, including images, that are obtained in an anonymous form from a collector-investigator, the recipient-investigator and the collector-investigator of the specimens and/or data agree, by signing the statements below, to maintain the confidentiality of the identities of the donor-subjects from whom the specimens and/or data were obtained.

**Collector-Investigator:**

I, the collector-investigator, affirm that (a) I have the appropriate authority to release this data/samples, and (b) I will not provide the recipient-investigator access to the identities of the donor-subjects or to information through which the identities of the donor-subjects could readily be ascertained.

Indicate what will be given to the recipient investigator:

|  |  |
| --- | --- |
| [x]  data | Describe: Basic demographic information and non-PHI sample and patient information information such as |
| [x]  samples | Describe: Liver tissue |

[x]  ***A copy of the IRB approval letter and Informed Consent Form for this study that originally collected the samples/data is attached.***

|  |  |
| --- | --- |
| Collector-Investigator name: | Michael Clare-Salzer, MD |
| Affiliation: | [x]  UF [ ]  Non-UF – describe:       |
| Signature: |  |
| Date: |  |

**Recipient-Investigator:**

I, the recipient-investigator, affirm that I will not ask the collector-investigator or accept from the collector-investigator any information that could identify the donor-subjects or any information through which the identities of the donor-subjects could readily be ascertained.

|  |  |
| --- | --- |
| Recipient-Investigator name: |       |
| Signature: |  |
| Date: |  |