Women's Health Initiative (WHI)

Data Access and Use Agreement for the WHI Virtual Data Enclave (VDE)

Terms: "Recipient" is the investigator who is requesting a copy of the data set. The "data set" refers to any portion, part or subset of the data files available on WHI Study Operations website. "Sponsoring PI" is the WHI Principal Investigator overseeing the Recipient in his/her WHI work.

Naı	me of Recipient:	
Email address of Recipient:		
Naı	me of Sponsoring PI:	
Apj	proved Manuscript #(s): Approved	d AS #:
("C Red to c site	a condition of obtaining authorization from Fred Hutchinson (CENTER") to obtain on-site or remote access to WHI data storcipient shall be required to sign the WHI Data Distribution Agromply with the additional terms of this Data Access and Use 2" access is defined as being physically located on site at the Crined as being authorized to access using Microsoft's Remote I	ed in the VDE (the "Data"), the reement and shall also be required Agreement set forth below. "On-ENTER. "Remote" access is
I, th	he Recipient, agree to abide by the following terms and conditi	ions:
1.	I will not copy or store the Data at any location outside the Cother means.	ENTER through FTP, email, or any
2.	I will not copy the Data to any removable media such as a USB drive.	
3.	I will not create screen shots either by Print Screen, photography or any other means.	
4.	I will not permit or facilitate access to the Data to anyone who has not signed a WHI Data Distribution Agreement.	
5.	I understand and agree that the CENTER must review the resulting data files or tables containing the Data to ensure that no confidential data is contained within them before sending them to me at a later date.	
6.	I will notify the CENTER immediately if I become aware of any unauthorized access or use of the Data.	
7.	I understand that the CENTER is entitled to unilaterally terminate my access to and use of the Data in the event that I, or someone under my supervision or control, violates the terms of the WHI Data Distribution Agreement or this Data Access and Use Agreement.	
Signature of Recipient		Date
Signature of Sponsoring PI		Date