

## WHI DATA USE AGREEMENT

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### DEFINITIONS:

Recipient: the lead author of a WHI manuscript, or the Principal Investigator of an active ancillary study, as approved by an ASC modification. For consortia, use the consortium DUA. The recipient is the only person eligible to receive login credentials for the WHI investigator datasets.

WHI data: any portion, part, or subset of WHI data or of the data collected in a WHI ancillary study or BAA.

Sponsoring PI: the WHI Principal Investigator overseeing the Recipient in their work.

Collaborator: an individual who will be using WHI data under the supervision of the Recipient. Collaborators are not eligible to receive their own login credentials for the WHI investigator datasets.

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### AGREED TERMS AND CONDITIONS:

I, the Recipient, have reviewed carefully and understand fully the terms for use of WHI data, which are listed below and detailed in the AS Policy and P&P policy. I agree to abide fully by these terms and accept full responsibility for use and protection of the data<sup>1</sup> at my institution.

1. WHI data may only be used for approved analyses in the manuscript(s) listed below.
2. WHI data may not be shared with commercial entities or anyone without authorization from the WHI.
3. I will use WHI data only for the purposes specified below and in compliance with WHI policies. I have reviewed the WHI policies on the WHI website<sup>2,3</sup> and my signature on the next page indicates an agreement to abide by those policies.
4. I will not use WHI data either alone or in conjunction with any other information in any effort whatsoever to identify participants.

Information on data analytic methods used will be provided to the P&P Committee (according to the policies above) through manuscripts provided to P&P for review prior to publication of manuscripts.

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<sup>1</sup> Recipient's Responsibility to follow Data Security Best Practices.

Recipient is aware of computer and data security best practices and will follow them for receipt, storage and use of data and resultant Data. An example of best practice guidelines can be found in [https://sharing.nih.gov/sites/default/files/flmngnr/NIH\\_Best\\_Practices\\_for\\_Controlled-Access\\_Data\\_Subject\\_to\\_the\\_NIH\\_GDS\\_Policy.pdf](https://sharing.nih.gov/sites/default/files/flmngnr/NIH_Best_Practices_for_Controlled-Access_Data_Subject_to_the_NIH_GDS_Policy.pdf)

<sup>2</sup> AS policy: <https://www.whi.org/doc/AS-Policy.pdf>

<sup>3</sup> P&P policy: <https://www.whi.org/doc/PP-policy.pdf>

## WHI DATA USE AGREEMENT

### RECIPIENT

Recipient: the lead author of a WHI manuscript, or the Principal Investigator of an active ancillary study, as approved by the ASC. For consortia, use the consortium DUA. The recipient is the only person eligible to receive login credentials for the WHI investigator datasets.

I, \_\_\_\_\_, (Full Name) Lead Author ☐ AS PI ☐

**will be receiving data access and agree to the data use Terms and Conditions stated on page 1 of this Data Use Agreement.**

☐ I will store the data in a secure location.

☐ No individual WHI data will be copied/moved to any other institution not listed on this DUA.

INSTITUTION \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME OF [SPONSORING PI](#) if applicable ☐ N/A<sup>4</sup> \_\_\_\_\_

### MANUSCRIPT INFORMATION

Please provide the approved Manuscript number(s): \_\_\_\_\_

If applicable please list any Ancillary or BAA study number(s), as listed on the P&P proposal, that you will be using data from:

**Are you applying to access data from the WHI website?** ☐ No ☐ Yes<sup>5</sup>

**Does your approved proposal require data that will need to be transferred directly from the WHI CCC**

☐ No

☐ Yes



Please provide specific details here, including a short description of the data and any applicable Ancillary Study numbers, SNP rsID numbers, etc. here:

\*Some data (e.g., genetic, DNA methylation, and proteomics) are not available for investigators to download from the WHI website and must be securely transferred from the WHI CCC. If you need further assistance, please contact the WHI Help Desk ([helpdesk@whi.org](mailto:helpdesk@whi.org)).

<sup>4</sup> Please indicate if the Recipient is a BAA PI, a WHI Co-investigator, or a WHI Associate Member. In those cases, a Sponsoring PI is not required.

<sup>5</sup> After submitting your completed and signed DUA to [helpdesk@WHI.org](mailto:helpdesk@WHI.org), we will verify that you have met the requirements for data access. You will then receive a reply email with specifics about arranging your 90-day access to the data.

## WHI DATA USE AGREEMENT

### SIGNATURES

Please sign below to confirm that you agree to the data use Terms and Conditions stated on page 1 of this Data Use Agreement.

LEAD AUTHOR  
(required)

DATE

SPONSORING PI

☐ N/A<sup>6</sup>

DATE

### COLLABORATOR INFORMATION

**Collaborator:** an individual who will be using WHI data under the supervision of the Recipient. Collaborators are not eligible to receive their own login credentials for the WHI investigator datasets.

All collaborators who will be using WHI data under the supervision of the Recipient should provide information and signature below to confirm that they agree to the terms on page 1 of this Data Use Agreement. If additional collaborators are added in the future, please resubmit this page with the new collaborator's information and signature and provide confirmation that both the Recipient and Sponsoring PI approve that the new collaborator will be using WHI data.

Name

Position/Title

Institution

Signature

Date

Name

Position/Title

Institution

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