



**FRED HUTCH**  
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## WHI DATA USE AGREEMENT

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### **DEFINITIONS:**

Recipient: the lead author of a WHI manuscript, or the lead investigator of a consortium.

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 his/her work.

Collaborator: an individual who will be using WHI data under the supervision of the Recipient.

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### **AGREED TERMS AND CONDITIONS:**

I, the Recipient, have reviewed carefully and fully understand the terms for use of WHI data, which are briefly listed below. 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) or consortium study 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 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.
5. Information on analytic methods used will be provided to the P&P Committee (according to the policies above) for review prior to publication of manuscripts. A biosketch may be used to document competence in conducting analyses.

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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

<sup>2</sup> [AS policy](#)

<sup>3</sup> [P&P policy](#)



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**RECIPIENT INFORMATION**

Are you applying to access data from the WHI website?  No  Yes<sup>4</sup>

I, \_\_\_\_\_, (Full Name)  
agree to the data use Terms and Conditions stated on page 1 of this Data Use Agreement.

INSTITUTION \_\_\_\_\_

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

EMAIL \_\_\_\_\_

NAME OF SPONSORING PI  N/A<sup>5</sup> \_\_\_\_\_

**Please provide all that apply:**

APPROVED MANUSCRIPT #(S) \_\_\_\_\_ APPROVED AS/BAA # \_\_\_\_\_

P&P-APPROVED CONSORTIUM NAME \_\_\_\_\_

**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.**

RECIPIENT \_\_\_\_\_ DATE \_\_\_\_\_

SPONSORING PI  N/A<sup>5</sup> \_\_\_\_\_ DATE \_\_\_\_\_

<sup>4</sup> You will receive an email containing a username and password that can be used to access the data for 90 days once the signed agreement is received and we verify you have met the requirements for data access

<sup>5</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.



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**Manuscript number, AS/BAA number, or Consortium Name:**

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**COLLABORATOR INFORMATION**

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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_