



WHI DATA USE AGREEMENT MEMORANDUM

Date: November 1, 2016

To: Investigators seeking to use/access WHI data

From: WHI Clinical Coordinating Center

Subject: Use/access of WHI data

All investigators who use WHI data must review the terms of use and sign the Data Use Agreement (DUA). When completing the DUA, please be aware of the following:

- Investigators seeking to directly use/access WHI data must sign as the “Recipient.”
- All individuals who will be using WHI data under the supervision of the Recipient must sign the DUA in the “Collaborator Information” section.
- Recipient must indicate the number of the approved manuscript proposal, BAA, and/or ancillary study (AS) for which the WHI data will be used, or provide a copy of the P&P approval letter for a consortium.
- A WHI Principal Investigator (PI) must sign the DUA as Recipient’s sponsor. A list of WHI PIs is available on the WHI website¹. Sponsors are not required if Recipient is a BAA PI, a WHI Co-investigator, or a WHI Associate Member.
- If data from the WHI website will be used for a BAA or AS, CCC will confirm that the study’s data has been submitted to the CCC; this is required before Recipient can obtain access to data from the WHI website.

Please send the attached DUA to the Help Desk by fax (206-667-4142) or email (helpdesk@whi.org). For those investigators applying to download datasets available on the WHI website, we will send you 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.

¹<https://www.whi.org/researchers/SitePages/WHI%20Investigators.aspx>



WHI DATA USE AGREEMENT



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TERMS:

Recipient—the lead author of a WHI manuscript or the lead investigator of a WHI ancillary study or BAA.
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.

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* at my institution.

- 1. WHI data may only be used for approved analyses in the manuscripts, WHI Ancillary Study or BAA 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 1,2 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.

*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
http://www.ncbi.nlm.nih.gov/projects/gap/pdf/dbgap_2b_security_procedures.pdf

RECIPIENT INFORMATION

Are you applying to access data from the WHI website? [] No [] Yes3

I, _____, agree to the data use terms stated above.
(Full Name)

INSTITUTION _____ POSITION/TITLE _____

EMAIL _____

NAME OF SPONSORING PI4 _____

1AS policy: https://www.whi.org/researchers/Document%20Ancillary%20Studies/AS%20policy.pdf
2P&P policy: https://www.whi.org/researchers/Documents%20Write%20a%20Paper/PP%20policy.pdf
3You 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
4Not required if Recipient is a BAA PI, a WHI Co-investigator, or a WHI Associate Member



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Please provide all that apply:

APPROVED MANUSCRIPT #(S) APPROVED AS/BAA #

P&P-APPROVED CONSORTIUM1

Signatures:

RECIPIENT DATE

SPONSORING PI2 DATE

COLLABORATOR INFORMATION

If applicable, please provide the information and signature for all collaborators who will be using WHI data under the supervision of the Recipient. If additional collaborators are added in the future please resubmit this page with the new collaborator information/ signatures and Recipient signature.

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1 Insert name of consortium here and attach a copy of the P&P approval memo
2 Not required if Recipient is a BAA PI, a WHI Co-investigator, or a WHI Associate Member