**MODEL REPOSITORY ACCESS CONFIDENTIALITY PLEDGE**

**[Title of Repository Application; IR# / Protocol#]**

***(To be filled out by studies wishing to withdraw information and/or biospecimens from the Repository;***

***completed pledges must be maintained by the Repository)***

In consideration of my access to the information and/or biospecimens described below and maintained at or belonging to Fred Hutchinson Cancer Center ("Fred Hutch"), I agree as follows:

1. "Confidential Information" means the following information and/or biospecimens: [Describe information in detail]

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2. I agree not to make use of, disseminate, disclose or in any way circulate any Confidential Information except as expressly permitted by this Confidentiality Pledge. Confidential Information may be published or otherwise disclosed in connection with the study entitled:

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| --- | --- |
| Study Title: | “[Title of Study withdrawing records/specimens from the Repository; filled in by PI accessing the records, data and/or specimen]" |

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| FHIRB # |  |
| Protocol # |  |

provided, however, that no disclosure may be made which permits identification of any individual patient or the patient's physician unless permitted by applicable law and approved by an Institutional Review Board of Fred Hutch. Confidential Information may also be disclosed to other persons working on the Study who have signed a Confidentiality Pledge.

3. I agree not to disclose any computer password or otherwise provide access to Confidential Information to any unauthorized person.

4. I agree to indemnify, defend and hold Fred Hutch harmless from any causes of action, claims, damages or liabilities arising or alleged to arise from my failure to comply with any of the provisions of this Confidentiality Pledge.

5. I agree not to remove any Confidential Information from Fred Hutch. I also agree to maintain appropriate procedures to ensure that Confidential Information remains confidential to the extent required by this Confidentiality Pledge.

6. I agree to destroy all individual identifiers contained in any Confidential Information which would serve to identify a patient or physician as soon as the purposes of the research for which I have been given access to the Confidential Information have been accomplished and to notify Fred Hutch to this effect in writing.

7. I agree to comply with all applicable laws and regulations regarding the confidentiality of individually identifiable health care information, including, without, limitation the Washington version of the Uniform Health Care Information Act, RCW Chapter 70.02.

8. I understand and acknowledge that this Agreement may not be amended and that use of Confidential Information in a manner not permitted by this Confidentiality Pledge is not permitted without the prior written consent of the chair of the approving Institutional Review Board and .

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| Name of Individual (Print): | Title of Individual:  “[filled in by PI withdrawing the records, data and/or specimen”] |
| Phone Number: | Mailstop:  “[Mailstop of the PI withdrawing records, data and/or specimen]” |
| Signature: | Date:  “[Dated by PI withdrawing records, data and/or specimen]” |

**ORIGINAL TO**: P.I./GATEKEEPER RESPONSIBLE FOR REPOSITORY OF CONFIDENTIAL INFORMATION

**COPY TO**: INSTITUTIONAL REVIEW OFFICE, [IRO@fredhutch.org](mailto:IRO@fredhutch.org) (PI of repository submits at time of Continuing Review)