

CONFIDENTIALITY PLEDGE  
For the Use of CARET Samples

In consideration of my access to the CARET Specimen Bank and information described below and maintained at or belonging to Fred Hutchinson Cancer Research Center (FHCRC), I agree as follows:

1. "Confidential information" means the following records, data, biological specimens, and information to be provided by the CARET Coordinating Center for the study <*TITLE*>.
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 <*TITLE*>, <*PI NAME / Institution*>, IRB number <*nnn*> / FHCRC IRB number 4239a; provided, however, that no disclosure may be made which permits identification of any individual participant or the participant's contacts unless permitted by applicable law and approved by an Institutional Review Board of FHCRC. Confidential information may also be disclosed to other persons working on the study who have signed a confidentiality pledge.
3. I agree not to provide access to confidential information to any unauthorized person.
4. I agree to indemnify, defend and hold FHCRC 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 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 CARET participant or participant contact 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 the CARET Coordinating Center to this effect in writing.
7. I agree to return all unused samples, portions of samples, or derivatives (including DNA) to the CARET Coordinating Center.
8. 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 70.03.
9. 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 CARET Principal Investigator Gary Goodman, M.D.

Dated: \_\_\_\_\_

Name of Individual (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_