Reset Form

AGREEMENT FOR RELEASE OF NEWBORN SCREENING SPECIMENS FOR RESEARCH

State Form 57002 (R2 / 8-26)
INDIANA DEAPRTMENT OF HEALTH

Pursuant to Indiana Department of Health Policy, Indiana Code and/or Indiana Administrative Code, you are required to provide the following information and make the following covenants. Failure to complete this form and maintain these covenants may cause your request to be denied. Upon completion, this form will become a public record.

Specimens Requested: (*List specimen collection date, age and amount required for research.*)
Purpose of Request: *Include what the specimen will be used for, information that may be learned, number of specimens being requested and plans for publishing results of research (if applicable).*

Name of Requestor	Job Title
Street Address (*where specimens will be sent)*	City, State, ZIP
Telephone and Fax Numbers	E-mail Address

As a condition of receiving data, I/we agree that:

1. I/We shall use the specimens solely for the purpose of the approved research study or activity stated above. *(Unauthorized use may cause the Indiana Department of Health to deny any future request for specimens.)*
2. The **information requested is confidential** pursuant to IC 5-14-3-4, IC 16-19-10-8, IC 16-37-1-10, IC 16-38-2-5, IC 16-38-4-11, 410 IAC 3-3-7, IC 16-38-5-3, IC 16-38-6-6, IC 16-39-5-3, IC 16-41-8 or other state or federal law. I/We shall not publish or release the names of individuals or any facts tending to lead to the identification of individuals from which the specimens were obtained. Specifically, I/we shall neither release publicly nor publish data or aggregated data in which the cell sizes are less than five (5).
3. I/We guarantee that the **confidentiality of the information** provided by each specimen will be maintained, and that no identifying information specific to any specimen will be used for the purpose of follow-up contact with the survivors, family or physicians unless expressly authorized by the Indiana Department of Health.
4. I/We shall provide the Indiana Department of Health with a written plan of action for final disposition of data acquired by utilizing IDOH specimens, upon completion of the specified research activity.
5. The Indiana Department of Health (IDOH) may cancel this Agreement if the IDOH believes that its use does not serve the public interest. The IDOH will, however, give written notice stating the reason(s). Upon receiving this notice, I/we shall cease using the data and shall return all specimens immediately upon notice.
6. I/We may cancel this Agreement by notifying the Indiana Department of Health in writing and by returning all specimens.
7. I/We will submit a report every six (6) months including the following information: the status of the project, expected termination date, changes in study protocol, any changes to persons with access to the requested data and final disposition of the data.
8. I/We grant the Indiana Department of Health *(with prior notice)* the right to visit my/our facility for the purpose of ensuring that the conditions stated above are being met.
9. I/We affirm that no specimens covered by this Agreement will be released or disclosed to any other individual or entity for any purpose.
10. Failure to comply with these conditions constitutes a breach of contract and could result in civil action by data subject(s) per IC 4-1-6-8.6.

Signature of Requester	Date (*month, day, year*)

(CONTINUED ON OTHER SIDE)

Persons with access to the requested specimens:

Name	Position/Affiliation	Location

(***Attach additional sheets, if necessary.***)

STATE AGENCY USE	
Request _____Approved _____Denied	Authorizing Official Date (*month, day, year*)