Data Use Agreement

Application for Use of the Geographic Information System for Breast Cancer Studies on Long Island (LI GIS)
LI GIS Web Site: *http://li-gis.cancer.gov*

The Long Island Breast Cancer Study Project
National Cancer Institute

Section 1 Researcher Information

First Name: _____ MI: _____ Last Name: _____ Suffix: ____
Title: _____
University or Organizational Affiliation: _____
Address: _____
_____
Room: _____ Mail Stop: _____
City: _____ State Abbrev: _____ Zip Code: _____
Telephone: _____
Fax: _____
E-mail: _____
Web Site: _____

Other staff who will access the Geographic Information System for Breast Cancer Studies on Long Island (LI GIS) under the direction of the Principal Investigator:
(These individuals also must sign the confidentiality agreement [Section 3].)

Staff 1
First Name: _____ MI: _____ Last Name: _____ Suffix: ____
Title: _____
University or Organizational Affiliation: _____
Address: _____
_____
Room: _____ Mail Stop: _____
City: _____ State Abbrev: _____ Zip Code: _____
Telephone: _____
Fax: _____
E-mail: _____
Web Site: _____

Staff 2

First Name: _____ MI: _____ Last Name: _____ Suffix: ___

Title: _____

University or Organizational Affiliation: _____

Address: _____

_____

Room: _____ Mail Stop: _____

City: _____ State Abbrev: _____ Zip Code: _____

Telephone: _____

Fax: _____

E-mail: _____

Web Site: _____

To facilitate review, please indicate the purpose of your research (check all boxes that apply):

- ☐ Map incidence of or mortality from breast cancer
- ☐ Identify breast cancer clusters
- ☐ Compare breast cancer incidence or mortality among population subgroups
- ☐ Map incidence of or mortality from other disease(s)
  (please specify where these data will be obtained:) _____
- ☐ Compare disease patterns to spatial locations of health care facilities
- ☐ Identify or characterize exposure patterns
- ☐ Validate exposures predicted by the LI GIS
- ☐ Model dispersion patterns of substances in air or water
- ☐ Estimate effects of selected environmental factors on breast cancer
- ☐ Develop and/or test statistical methods
- ☐ Develop and/or test methods of exposure assessment
- ☐ Track exposure patterns of vulnerable populations
- ☐ Pilot test approach to be used in study of another population
- ☐ Pilot test another health outcome
- ☐ Other: _____

Funding Information

Funding Source: _____

Period of Support: From: _____ To: _____

Active or Pending: Active: _____ (yes/no) Pending: _____ (yes/no)

Submission Date: _____

Section 2 Terms and Agreements

I agree to assume all risks and responsibilities in connection with the use of data from the LI GIS.

I further agree to indemnify and hold harmless the LI GIS and the United States Government from any claims, costs, damages, or expenses resulting from the use of data from the LI GIS.

I hereby agree that the LI GIS data that I access will be used for research purposes only, and only for the purposes specified in the approved proposal. Data shall not be sold or used for commercial purposes, nor will data be distributed further to third parties for purposes of sale. The data are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, expressed or implied.

I will establish and maintain the appropriate administrative, technical use, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to it, as described in my proposal. In the event that I discover or am able to deduce the identity of specific patients or providers, I agree that I will not attempt to contact these individuals or institutions.

I will provide a copy of any reports published using LI GIS data to the NCI contact for this project.

I also agree to acknowledge the contributions of the LI GIS in all publications resulting from the use of these data. Recommended wording for the acknowledgement section is:

"This work was supported by the National Cancer Institute, National Institutes of Health, through the Long Island Breast Cancer Study Project and its Geographic Information System (LI GIS)."

Section 3 Signature

All individuals listed in Section 1 must sign.

I agree to all terms and agreements stated herein.

Print/Type Name: _____

Signature: _____

Date: _____

Print/Type Name: _____

Signature: _____

Date: _____

Print/Type Name: _____

Signature: _____

Date: _____

Submit completed application materials to:

Deborah M. Winn, Ph.D.
LI GIS Co-Project Officer
Deputy Director
Division of Cancer Control and Population Sciences
National Cancer Institute
National Institutes of Health
9609 Medical Center Drive, Room 4E344
Rockville, MD 20850
Tel.: (240) 276-6755
Fax: (240) 276-7908
E-mail: winnde@mail.nih.gov

Remember to attach a synopsis of the research proposal that specifies the datasets you intend to use (dataset names and descriptions are available through the LI GIS Web site's Metadata Browser, in the Data Warehouse Directory at http://li-gis.cancer.gov/metadata/metadata.html), and any GIS software used to achieve your research aims.

You may fax the application. However, the completed application must also be received by mail so that we have original documentation of signatures.