

This Data Use Agreement (the "Agreement") is made this ____ day of ____, 2018 by and between Society for Vascular Surgery Patient Safety Organization ("SVS PSO") and Dr. _____ ("Recipient").

SVS PSO will provide a non-identifiable data set for project _____ (The Project) to Recipient on the condition that Recipient agrees to the following by signing this form:

1. The Recipient shall not use or further disclose the data set other than as required to complete The Project.
2. The Recipient shall allow access to the data only to individuals directly accountable to the Recipient.
3. The Recipient shall use appropriate safeguards to prevent use or disclosure of the data set other than as permitted by this Agreement.
4. The recipient agrees that this study must be approved by the IRB of the institution that takes responsibility for performing the research prior to publication. Since only fully de-identified data are used for this research, such projects are normally deemed as not requiring human subjects review by an IRB.
5. Upon completion of the project, or should this Agreement be terminated for any reason, including, but not limited to Recipient's decision to cease use of the data, Recipient agrees to destroy or return all data provided pursuant to this Agreement. SVS PSO will maintain a copy of each data set indefinitely for future reference by the Recipient.
6. The Recipient agrees to present or publish approved project within 24 months with one refresh allowed within that period. The SVS PSO RAC reserves the right to ask Recipient to return the dataset if no progress is demonstrated according to these guidelines.

SVS PSO

Name (print): Carrie Bosela

Title: SVS PSO Director of Clinical Operations

Signature: _____

Date: _____

Recipient

Name (print): _____

Medical Center: _____

Address: _____

Phone: _____