

ANDA Data Access Agreement

Project Title:	
Project Leader: (please provide details of the primary contact for this project)	
Name:	
Institution:	
Department:	
Email:	
Phone:	
Institution where the project will be carried out:	
Institution:	
Name:	
Signature:	Date:
Undertakings by all investigators:	
The responsible investigators undertake to:	
<ol style="list-style-type: none"> 1. Protect the interests and privacy of survey subjects. All Parties must ensure that any Personal Information or Health Information arising from the Project is collected, stored, used and disclosed in accordance with applicable Privacy Laws. Applicable Privacy Laws include Commonwealth and/or State and/or Territory legislation, principles, codes and guidelines in relation to the collection, use, storage and security or disclosure of any Personal Information and/or Health Information which applies in the jurisdiction in which the Project Site is located. 2. Provide evidence of the institutional ethics committee approval of the project 3. Limit the research to that proposed in the original application (unless a further submission is made and approved) 4. Provide the ANDA Scientific Advisory Committee with a copy of all additional data collected on ANDA participants 5. Provide the ANDA Scientific Advisory Committee with 6-monthly progress reports (from the approval date) and a final report on the outcome of the research 6. Provide to the ANDA Scientific Advisory Committee a copy of any proposed publication for comment before its submission for publication 7. Acknowledge the ANDA Scientific Advisory Committee and the ANDA participants in the manner specified in the Data Access and Publication Policy in any report or publication about the research 8. Return the data or destroy the data and notify the ANDA Scientific Advisory Committee to this effect in writing by the agreed project completion date or if approval for the project is withdrawn earlier by the ANDA Scientific Advisory Committee. 	

Details and signatures of lead investigator(s):	
Name:	
Institution:	
Department:	
Signature:	Date:
Name:	
Institution:	
Department:	
Signature:	Date:

Name:	
Institution:	
Department:	
Signature:	Date:

Name:	
Institution:	
Department:	
Signature:	Date: