

Investigator: _____

Date: _____

Project title: _____

**SEER-MEDICARE SEER*Stat SPECIALIZED DATABASES
DATA USE AGREEMENT (DUA)
PRINCIPAL INVESTIGATOR**

Information pertaining to an individual's health status and medical treatment is sensitive. Therefore, specific laws, including the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996, have been enacted to ensure the confidentiality of health information. In utilizing health data for research purposes, it is absolutely necessary to ensure, to the extent possible, that uses of such data will be limited to research. Uses for any other reason, particularly those resulting in personal disclosures, will be prosecuted to the full extent of the law. In addition, release of information about providers, i.e., the physicians and hospitals that provide care for cancer patients, may compromise the willingness of these providers to cooperate with the activities of the cancer registries. Therefore, considerations regarding the privacy of providers are also of great importance.

In order for the National Cancer Institute to provide the linked SEER-Surveillance, Epidemiology and End Results (SEER)-Medicare SEER*Stat Specialized databases to you, it is necessary that you agree to the following provisions:

1. You agree that the statements and methods made in your attached research proposal are complete and accurate.
2. You will not use the data for purposes other than described in your research proposal.
3. You will not permit others to use your account credentials. If you want to collaborate with others and they also need access to the data. They will need to apply for access via their own personal account.
4. No one having access to the data will attempt to learn the identity of any persons with cancer in these data and/or their healthcare providers.
5. Although it is permissible to report registry names with registry-specific cancer rates (e.g., incidence, complications, mortality), registry names must be anonymized when reporting the quality or completeness of registry-specific data (e.g., treatment ascertainment). You agree that NCI shall be the sole judge as to whether the anonymization sufficiently precludes one from identifying or deducing the identity of a specific registry with a reasonable degree of certainty.
6. You agree to provide a copy of all manuscripts to NCI for review and comment prior to publication submission. You further agree not to submit such findings to any third party prior to completion of NCI review. NCI agrees to complete the manuscript review process within 4 weeks of receiving any manuscript. NCI's review of the manuscript is for the sole purpose of assuring that data confidentiality is maintained and that the focus of the manuscript was outlined in the approved proposal. Numbers less than 11 (eleven) must be suppressed. Also, no use of percentages or other mathematical formulas may be used if they allow the derivation of patient

counts less than 11. If NCI determines that the format in which data are presented may result in identification of individual patients or if the scope of the manuscript is not consistent with the approved proposal, revisions will be necessary.

7. You agree that in the event NCI determines or has a reasonable belief that you have violated any terms of this agreement, NCI will revoke your access to the data. You understand that as a result of NCI's determination or reasonable belief that a violation of this agreement has taken place, NCI may refuse to release further SEER-CMS data to you for a period of time to be determined by NCI.

Signature of Principal Investigator (In the case of students and fellows, the department chair or advisor from the student's academic institution must sign the data request)

Your signature indicates that you agree to comply with the above stated provisions. Deliberately making a false statement regarding any matter within the jurisdiction of any department or agency of the Federal Government violates 18 USC 1001 and is punishable by a fine up to \$10,000 or up to five years in prison.

Name – (printed or typed)
Institution/Organization
Street Address
City/State/ZIP code
Phone number – including Area Code
Email address
Signature
Date