

Data User's Agreement
Ohio Department of Health
Ohio Cancer Incidence Surveillance System
October, 2011

Having followed current data request procedures of the Ohio Department of Health's (ODH) Ohio Cancer Incidence Surveillance System (OCISS), I have been allowed to obtain cancer incidence data upon my signing of this agreement:

1. I will use these data only for a project titled _____.
2. I will not use these data in any way other than for statistical, scientific or medical research.
3. I will not release or allow access to these data in full or in part to any person without the written permission of the OCISS or the ODH Institutional Review Board (IRB), having submitted to the OCISS a copy of this agreement signed by the person to be given access.
4. Unless it is part of my study or project, I will not attempt to learn the identity of any person or medical care provider beyond the information contained in these data. I will not present or publish these data in a manner in which any individual can be identified. I will not present or publish point maps showing residences of cancer cases. I will not release data for any sub-population of fewer than 10 persons based on the most relevant U.S. Census data.
5. I will not attempt to link, or permit others to link, these data to individually identified records in another database, file or other information source without the written permission of the OCISS or the ODH IRB.
6. In the event that the identity of any person is discovered or released inadvertently:
 - a. I will immediately notify the OCISS of the incident.
 - b. I will make no use of this knowledge.
 - c. I will inform no one else of any discovered identity.
7. I will include the following acknowledgment and disclaimer in any publication or presentation produced from these data:

““Cancer incidence data used in these analyses were obtained in part from the Ohio Cancer Incidence Surveillance System (OCISS), Ohio Department of Health (ODH), a cancer registry partially supported in the National Program of Cancer Registries at the Centers for Disease Control and Prevention (CDC) through Cooperative Agreement # 5U58DP000795-05. Use of these data does not imply that ODH or CDC agrees or disagrees with the analyses, interpretations or conclusions in this report (or publication or presentation).”
8. I will send a copy of any publication or presentation produced from these data to the OCISS in a timely manner.

9. I will destroy these data by _____(mm/dd/yy), the date on which I expect to complete the project for which these data are requested, and notify the OCISS in writing.

10. I agree by my signature to comply with the above stated provisions and will make all reasonable efforts to maintain the confidentiality of these data. I understand that use of these data is allowed by Ohio Revised Code 3701.263 only for statistical, scientific or medical research for the purpose of reducing the mortality and morbidity of malignant and related diseases required to be reported.

_____ (____) _____

Print Name

Phone Number

E-mail Address

Signature

Date

Title and Institutional Affiliation, if applicable

Please mail to: OCISS

Ohio Department of Health

246 N. High St.

Columbus, OH 43215

For more information:

E-mail: OCISS@odh.ohio.gov

Phone: 614-466-5350

OCISS Use Only: Data path and filename: _____