## Sample Repository Sharing Agreement

An IRB-approved written agreement (Repository Sharing Agreement) is required whenever data or materials will be distributed from Georgia Tech repositories, tissue banks, registries, data banks, or databases that have human subject involvement. The repository Principal Investigator or Guardian must ensure that the agreement is executed by the recipient investigator and maintained in the Georgia Tech Repository records.

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**GEORGIA INSTITUTE OF TECHNOLOGY**

***ENTER NAME OF REPOSITORY, TISSUE BANK, REGISTRY, DATA BANK, DATABASE***

**DATA/MATERIALS SHARING AGREEMENT**

Recipient Investigator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient Investigator’s Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe here the data or materials being requested:

*Check the applicable boxes regarding genetic information:*

I am requesting data or materials that (*check one*):

* + Involve genetics
  + Do not involve genetics
  + Involve both genetic and non-genetic components

As Recipient Investigator, I certify that the data or materials being shared with me will be used in accordance with the following conditions:

* The identities of subjects will not be disclosed to me, nor will I receive information through which their identities may be ascertained. If I request identifying information from the repository staff, it will not be provided. I will not attempt to contact individuals who are collecting the data or materials in order to obtain identifying information.
* If requesting data or materials that involve genetics, I will not use them for genetic research if they are marked for exclusion. I will verify that donors (subjects) have given specific consent for future genetic research; OR that data or materials from donors (subjects) who have opted out of future genetic research will be excluded from genetic studies or will be clearly marked so that the investigator can exclude them from the genetic portion of research.
* I will, within a reasonable period of time, notify the Repository Administrator or Principal Investigator of any relevant proposed changes in my research project and any unanticipated problems involving risks to subjects or others.
* I understand that use of these data or materials, if entirely within these conditions, does not require Georgia Tech’s IRB approval. Any use beyond these conditions will require prior approval by the Georgia Tech IRB and possibly by an IRB at the recipient site.

Recipient Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_