

**GEORGIA PRAMS AGREEMENT FOR SHARING DATA**

I, \_\_\_\_\_, as principal investigator/co-investigator on this proposed analysis of Pregnancy Risk Assessment Monitoring System (PRAMS) data, agree to the following requirements for the use of PRAMS data and assure compliance with the requirements by all staff and collaborators approved as part of this agreement.

1. I will not use these data except for statistical analysis and reporting as described in the attached proposal.
2. I will not use nor permit approved collaborators and staff to use these data to conduct analyses other than those described in the proposal, titled \_\_\_\_\_  
\_\_\_\_\_, which accompanies this statement.
3. I will not release the data set or any part of it to any person other than those listed as collaborators in the attached proposal. I will assure that all approved collaborators understand that they may not share the data set or any part of it.
4. I will not attempt or permit others to use the data set or link it with other data sets to attempt to learn the identity of any participant. If the identity of a respondent should be inadvertently discovered, I will make no use of this knowledge, nor will I permit others to use the knowledge. I will inform the GA PRAMS staff of the discovery, so they can prevent future discoveries. I pledge that neither I nor other members of my team will inform anyone else of this knowledge.
5. All oral or written presentations of the results of the analyses will include an acknowledgment of the Georgia PRAMS Team, PRAMS Working Group, and the Centers for Disease Control and Prevention.
6. All oral or written presentations of the results of the analyses will be submitted, prior to presentation or submission to a journal, to the Georgia PRAMS Director and/or PRAMS Coordinator. Georgia PRAMS staff will have two weeks to submit comments on the presentation/publication to the author.
7. Georgia PRAMS Director and/or PRAMS Coordinator will be notified upon final publication of a manuscript and provided citation information.
8. When the proposed analyses are completed, all copies of these data will be destroyed (confirmed in writing) or returned to Georgia PRAMS.

My signature and the signatures of all investigators indicate our agreement to comply with these requirements.

Name of principal investigator: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures of collaborators: \_\_\_\_\_

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