

## 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 this 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 acknowledgement of the GA PRAMS Staff 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 GA PRAMS Staff. GA PRAMS will have two weeks for review and to provide comments to the author. The acronym "PRAMS" will be submitted as a keyword for any publication.
7. GA PRAMS staff will be notified upon final publication of an article and provided with citation information.
8. When the proposed analyses are completed, all copies of these data will be destroyed (confirmed in writing) or returned to GA PRAMS.

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

Name of principal investigator:

Title and Organization:

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

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