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Data Security and Data Release Reporting

This form must be filled out completely and signed by the dbGaP data Requestor

Name of Requestor: ______________________

Project Title: ______________________

Name of Data Set: ______________________

Project Start Date: ______________________

Project End Date: ______________________

List of Approved Users: ______________________

The Requester and Approved Users acknowledge the intent of the NIH that they have reviewed and agree to handle the requested dataset(s) according to the current *dbGaP Security Best Practices*, including its detailed description of requirements for security and encryption. These include, but are not limited to:

- all Approved Users have completed all required computer security training required by UConn/UConn Health, for example, the http://irtsectraining.nih.gov/, or the equivalent;
- the data will always be physically secured (for example, through camera surveillance, locks on doors/computers, security guard);
- servers must not be accessible directly from the internet, (for example, they must be behind a firewall or not connected to a larger network) and unnecessary services should be disabled;
- use of portable media, e.g., on a CD, flash drive or laptop, is discouraged, but if necessary then they should be encrypted consistent with applicable law;
- use of updated anti-virus/anti-spyware software;
- security auditing/intrusion detection software, detection and regular scans of potential data intrusions;
- use of strong password policies for file access.
- all copies of the dataset will be destroyed, as permitted by law, whenever any of the following occurs:
    - the DUC expires and renewal is not sought;
    - access renewal is not granted;
    - the NHGRI requests destruction of the dataset;
    - the continued use of the data would no longer be consistent with the DUC.

The Requester and Approved Users agree to keep the data secure and confidential at all times and to adhere to information technology practices in all aspects of data management to assure that only authorized individuals can gain access to NIH genomic datasets. This agreement includes the maintenance of appropriate controls over any copies or derivatives of the data obtained through this Data Access Request.

Signature of Requestor: ______________________ Date: ______________________