Confidentiality Form: Agreement for Access to ALSPAC data

Please complete all of the following boxes:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Institution:</th>
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<tr>
<td>Email:</td>
<td>ALSPAC Project B number:</td>
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</table>

| Project title: | Role within project: |

The information obtained in any study using ALSPAC data has been given by the study participants on the understanding that it will be treated confidentially and anonymously. Please tick each point and sign the form to indicate that you will abide by the following:

1) I will not try to identify study participants.

2) I have read and understood the data security issues highlighted in the ‘ALSPAC access policy v 7.0’ (section 6 summary of researchers and responsibilities) and will adhere to them for the duration of this project.

3) I will not share my dataset with any researchers, other than those named on the proposal form and approved by the ALSPAC executive for this particular project, and only if they also sign a copy of this form. I will not attempt to match my dataset with any other provided by ALSPAC for previous projects (See section 6 summary of researchers and responsibilities ‘ALSPAC access policy v 7.0’).

4) If your project involves potentially identifying data, the data will be released using our Split Stage Protocol. If you are involved in one of these projects please confirm you have read understood the procedures for this process stated in the ‘ALSPAC access policy’ and will adhere to them for the duration of this project.

5) Prior to submission of any papers for publication, I will complete a papers checklist (http://www.bristol.ac.uk/alspac/researchers/data-access/) and submit it, along with a manuscript of my paper, to the ALSPAC Executive for approval.

6) When I submit a manuscript for approval, I will return any derived variables to my data buddy together with appropriate documentation.
7) I understand that I am required to securely destroy any ALSPAC datasets provided when my approved project ceases.

8) I have provided a weblink to my institution’s information security policy (written below: I understand ALSPAC cannot send data until this is done).

http://www………………………………………………………………………………………

Signature: …………………………… Date:…………………………………………

Failure to abide by these rules could result in exclusion of your institution from further access to ALSPAC data and you will be subject to all appropriate sanctions, where applicable.

Please return your completed form to your assigned data buddy