## Sample Repository Submittal Agreement

A written agreement (Repository Submittal Agreement) is required for submission of data or materials to be submitted to Georgia Tech repositories, tissue banks, registries, data banks, or databases that have human subject involvement. The Repository Submittal Agreement to be utilized by the repository must undergo Institutional Review Board review and be approved prior to its use. The repository Principal Investigator or Guardian must ensure that an approved Repository Submittal Agreement is executed by the submitting 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***

**SUBMITTAL AGREEMENT**

SUBMITTING INVESTIGATOR

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

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

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

Description of Data or Materials being submitted to the Repository for storage and use for future research.

*Initial beside each of the conditions below that apply to this submission:*

As Submitting Investigator, I certify that:

* These data or materials were collected under a protocol approved by an Assured Institutional Review Board (IRB).
  + The submitting institution’s Federalwide Assurance number is provided here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + A copy of the submitting institution’s IRB approval letter is attached.
  + A copy of the submitting institution’s IRB-approved Consent Document for collection of these data or materials is attached.
* There are no restrictions on the future uses of these data or materials.
* There are restrictions on the future uses of these data or materials, as set forth below:

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* These data or materials were originally collected for clinical purposes.
* These data or materials are fully de-identified (not coded in any manner).
* These data or materials are coded. I will not provide the key to the code, nor will I provide access to the identities of subjects or to information through which their identities may be ascertained.
* These data or materials were collected under an IRB waiver of consent. I will not provide the key to the code, nor will I provide access to the identities of subjects or to information through which their identities may be ascertained.
* These data or materials were collected prior to April 13, 2003, thus subject authorization (under HIPAA) is therefore not required.
* These data or materials were collected under a HIPAA authorization or waiver requiring their destruction on or before this date:
* Data or materials from subjects declining to participate in future genetic research are
  + excluded from the data or materials provided to this repository, or
  + clearly marked for exclusion from future genetic research.
* Data or materials from subjects declining their use in future research, or who ask to be contacted prior to future use are
  + excluded from the data or materials provided to this repository, or
  + clearly marked for permission to be obtained prior to future use.
* I give my assurance that the data and materials being submitted are accurate to the best of my knowledge.

Submission accepted by Georgia Institute of Technology *name of repository, tissue bank, registry, data bank, database*.

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Repository Principal Investigator Name, printed

or Guardian Signature

Date Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_