

# Medical Dataset Access Application Form

## Applicant Information

1. **Full Name:** \_\_\_\_\_
2. **Position/Title:** \_\_\_\_\_
3. **Affiliation/Institution:** \_\_\_\_\_
4. **Address:** \_\_\_\_\_
5. **Email:** \_\_\_\_\_

## Research Purpose

1. **Project Title:**
2. **Brief Description of Research Objectives (300 words max):**

## Intended Use of Data

- ☐ Academic Research
- ☐ Public Health Study
- ☐ Clinical Research Validation
- ☐ Methodology Development
- ☐ Other (Specify): \_\_\_\_\_

## By submitting this application, the Applicant:

1. **Non-Commercial Use Commitment**  
Agrees to use the dataset solely for non-commercial, academic/research purposes and will not:
  - a) Sell, lease, or license the data
  - b) Use the data for product development/marketing
  - c) Share the data with third parties without written consent
2. **Ethical Research Obligations**  
Warrants that:

- a) Research aligns with Declaration of Helsinki principles
- b) Results will not be used to identify individual participants
- c) Proper data anonymization practices will be maintained

3. **Security Protocols**

Undertakes to:

- a) Store data on password-protected systems
- b) Implement encryption during data transfers
- c) Destroy all copies after project completion

4. **Publication Requirements**

Agrees to:

- Acknowledge dataset source in all publications
- Submit copies of resulting publications to the data provider
- Allow reasonable time for provider review before publication

5. **Audit & Compliance**

Accepts that the data provider reserves the right to:

- Audit data use procedures
- Terminate access for breach of agreement
- Take legal action for commercial misuse

**Signatures**

Applicant Signature: \_\_\_\_\_

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

Institutional Authority Signature: \_\_\_\_\_

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

(If applicable)

[Data Provider Stamp/Signature Area]