# Requesting Access to PEACE Dataset

The contents of restricted-access clinical databases maintained by PEACE were derived from original data that contained protected health information (PHI), as defined by HIPAA and Chinese local regulations. The providers of the data have given scrupulous attention to the task of locating and removing all PHI, so that the remaining data can be considered de-identified and therefore not subject to the HIPAA Privacy Rule restrictions on sharing PHI. Nevertheless, because of the richness and detail of the PEACE clinical databases, they will be released only to legitimate researchers under the terms and conditions described on this page.

If you agree to all of these terms and conditions, access to restricted information within PEACE clinical databases may be granted to you as an individual. Your colleagues may obtain access to these data as individuals via the same procedure you are following. You can not share the data with your colleagues

**Instructions:**

Complete some training such as the CITI (Collaborative Institutional Training Initiative at the University of Miami) “Data or Specimens Only Research” course as an MIT affiliate, as described in the instructions for completing required CITI training. Or you could provide a GCP certification (药物临床试验质量管理规范培训证书) .

Carefully read the terms of the agreement (below), if you agree and wish to proceed, please send your application to the manager (**admanoas@163.com**, Jian Xiao). Final approval of data access is required by Xiangya Hospital's Big Data Management Center.

**PEACE Dataset Restricted Data Use Agreement**

If I am granted access to PEACE Clinical Databases, I agree to the terms and conditions below:

|  |
| --- |
| English Version   1. I will not attempt to identify any individual or institution referenced in PEACE restricted data. 2. I will exercise all reasonable and prudent care to avoid disclosure of the identity of any individual or institution referenced in PEACE restricted data in any publication or other communication. 3. I will not share access to PEACE restricted data with anyone else. 4. I will exercise all reasonable and prudent care to maintain the physical and electronic security of PEACE restricted data. 5. If I find information within PEACE restricted data that I believe might permit identification of any individual or institution, I will report the location of this information promptly by email to **admanoas@163.com** (Jian Xiao) and 228112395@csu.edu.cn(Huimin Yu), citing the location of the specific information in question so that it can be investigated and removed if necessary. 6. I have requested access to PEACE restricted data for the sole purpose of lawful use in scientific research, and I will use my privilege of access, if it is granted, for this purpose and no other. 7. I have completed a training program in human research subject protections and HIPAA or other related regulations, and I am submitting proof of having done so. 8. I will indicate the general purpose for which I intend to use the database in my application. 9. If I openly disseminate my results, I will also contribute the code used to produce those results to a repository that is open to the research community. 10. This agreement may be terminated by either party at any time, but my obligations with respect to restricted data from PEACE shall continue after termination.   中文版   1. 我将不会尝试识别PEACE数据库中涉及的个人和机构的真实身份。 2. 我将采取一切合理和谨慎的措施，以避免在任何出版物或其他通讯中披露PEACE数据中提及的任何个人或机构的身份。 3. 我不会将PEACE数据共享给任何人。 4. 我将采取一切合理和谨慎的措施，以确保PEACE数据的物理和电子安全。 5. 如果我发现PEACE中存在可以确认个人和机构信息的数据，我将及时报告相关内容给PEACE的管理者**admanoas@163.com** (肖坚)和228112395@csu.edu.cn。 6. 我将利用PEACE仅开展申请数据时所描述的研究，不做其他用途的研究。 7. 我接收过涉及人的研究中关于隐私保护等相关专业培训，并获取过相关证书，并将提交相关的证明文件。 8. 我将在申请中阐述利用PEACE的主要目的。 9. 如果我公开发表我的研究结果，我将共享相关的代码可以重现相关的研究。 10. 该授权协议可以被两方来中止，但是对于承诺的以上对PEACE责任将继续有效。   Xiangya Hospital and the project manager have the final right to interpret this dataset.  湘雅医院和项目负责人对本数据集拥有最终解释权  In case of any inconsistency between the Chinese and English texts of this Agreement, the Chinese text shall prevail.  本协议中英文内容不一致的，以中文文本为准。 |

# Data Use Agreement （数据使用协议）

|  |
| --- |
| Use this form to submit a data use agreement and request access to restricted-access PEACE clinical databases. Please be sure to provide all requested information. Submissions that are clearly incomplete, incorrect, or frivolous may be discarded without notice.  If you are a student or a postdoc, please provide your supervisor's name and contact information. If you are not listed in a directory or other easy-to-find page of your organization’s website, please provide the name and contact information of a reference such as a supervisor or colleague. Do not list yourself as reference.  请使用下面的表格来提交PEACE的数据使用协议，请确认提供了全部所需信息，如果申请内容不完整、不准确或者不严肃，申请将会被忽略！  我们会通过提交的信息来验证用户身份，如果你没有一个官方网站的个人页面，请添加一个具有这样信息的主管或者同事的信息作为参考。学生或者博士后请提供指导教师的信息！请不要把自己列为推荐人  Xiangya Hospital and the project manager have the final right to interpret this dataset.  湘雅医院和项目负责人对本数据集拥有最终解释权  In case of any inconsistency between the Chinese and English texts of this Agreement, the Chinese text shall prevail.  本协议中英文内容不一致的，以中文文本为准。 |

By submitting this form to **admanoas@163.com** (Jian Xiao, 肖坚), I affirm that if I am granted access to restricted-access clinical databases hosted on PEACE:

1. I will not attempt to identify any individual or institution referenced in PEACE restricted data.
2. I will exercise all reasonable and prudent care to avoid disclosure of the identity of any individual or institution referenced in PEACE restricted data in any publication or other communication.
3. I will not share access to PEACE restricted data with anyone else.
4. I will exercise all reasonable and prudent care to maintain the physical and electronic security of PEACE restricted data.
5. If I find information within PEACE restricted data that I believe might permit identification of any individual or institution, I will report the location of this information promptly by email to **admanoas@163.com** and **228112395@csu.edu.cn**, citing the location of the specific information in question so that it can be investigated and removed if necessary.
6. I have requested access to PEACE restricted data for the sole purpose of lawful use in scientific research, and I will use my privilege of access, if it is granted, for this purpose and no other.
7. I have completed a training program in human research subject protections and HIPAA regulations, and I am submitting proof of having done so.
8. I will indicate the general purpose for which I intend to use the database in my application.
9. If I openly disseminate my results, I will also contribute the code used to produce those results to a repository that is open to the research community.
10. This agreement may be terminated by either party at any time, but my obligations with respect to restricted data from PEACE shall continue after termination.

* My first (given) name(s):
* My last (family) name(s):
* Suffix (e.g., Jr.), if applicable:
* Telephone number, including country/area code:
* Organization:
* Job title or position:
* Street address:
* City:
* State/Province:
* ZIP/postal code:
* Country or Regions:
* E-mail:
* Official WebPage:

(\*It's important for us to identify the applicant.)

* Human studies training course (name of course):
* Date completed:
* Training completion report (submit in attachment):
* Reference category:
* Reference's name:
* Reference's telephone number:
* Reference's email address:
* Reference's job title or position:

(\* information required of students and postdocs, and of anyone—regardless of rank or experience—who is not listed in a directory or other easy-to-find page of his or her organization's website. Do not list yourself as reference! If you do so, your request may be discarded without notice.)

* General research area for which the data will be used:
* Research plan：

**Signature：**

**Date:**