

For and on behalf of User*:

*** All who will have access to the Data must be listed as an applicant below; please attach additional pages as needed. Signatories must include Laboratory Head, Principal Investigator, or Departmental Chair.**

The Principal Investigator and other applicants and signatories agree to the terms in this AGREEMENT FOR ACCESS AND/OR DOWNLOAD OF CONTROLLED-ACCESS GENOMIC SEQUENCING DATA, and shall inform other investigators and laboratories in his or her institution who may have or desire access to the Data as defined in this Agreement of the restrictions of this Agreement. The Principal Investigator is signing on behalf of himself or herself, and those in his/her laboratory or on his/her project but does not sign on behalf of the User Institution unless so authorized by the User Institution.

Read and Understood:

Principal Investigator

Signature: _____

Print name: _____

Job title: _____

Institution: _____

Email address: _____

**Telephone
Number:** _____

Address: _____

Date: _____