

## CAS-BP Dataset Access Request Form

Principal Investigator Information
Full Name: Title/Position: Affiliation/Institution: Email: Address:
Additional Investigator Information (if applicable)
Full Name: Title/Position: Affiliation/Institution: Email: Signature:
Full Name: Title/Position: Affiliation/Institution: Email: Signature:
Full Name: Title/Position: Affiliation/Institution: Email: Signature:
Full Name: Title/Position: Affiliation/Institution: Email: Signature:
Full Name: Title/Position: Affiliation/Institution: Email: Signature:
*Duplicate this page if more than 5 collaborators

### Data Use Agreement

By signing this form, you agree to the following terms and conditions:

- A. Use for Research. Use the Data only in the purpose described in the research proposal.
- B. Permitted Users. The Data will be used solely by Recipient Principal Investigator and those under his/her direct supervision.
- C. No Transfer. To not transfer the Data to any other investigator at the Recipient or to any third party for any reason, without the prior written consent of an authorized representative of Shenzhen Institute of Advanced Technology, Chinese Academy of Sciences (CAS).
- D. Data Security. Ensure the confidentiality and security of the data throughout the research process.
- E. No Use for Diagnostic Purposes. Not use the Data to build software used for diagnostic purposes.
- F. Non-commercial use. Not use the data for any commercial purposes.
- G. Use of Name. Not use CAS's name or logo in any advertising or other form of publicity without the prior written consent by an authorized individual of CAS.
- H. Compliance. Comply with all applicable laws, regulations, and ethical guidelines.
- I. Restrictions. You may not (i) use the Data beyond the scope permitted under this Agreement; (ii) join the Data with other data sources; (iii) identify participants, contact participants, or reconstruct personally identifiable information in the Data; reverse engineer, decompile or disassemble the Data.
- J. Publication Acknowledgement. Acknowledge the original data source and make appropriate full reference to the source publication in any resulting publication or presentations.
- K. Code Availability. Open sourcing and sharing of the code is encouraged to aid future cardiovascular research.

Acknowledgement:

I, (name) \_\_\_\_\_, as Primary Investigator for the above research proposal, acknowledge that I have completed/reviewed the content within this data use application, and certify that my information as Primary Investigator, the research proposal, and investigator information is accurate. Any changes in research scope or addition of study investigators will be reported to the Data Access Committee and require additional review.

Primary Investigator name: \_\_\_\_\_

Primary Investigator signature: \_\_\_\_\_

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

### Attachments

*Any additional documents or supporting materials relevant to the data access request (e.g., research protocol, primary investigator curriculum vitae).*

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**Note:** Please submit the completed form and any attachments (especially the **research protocol** and the **primary investigator's curriculum vitae**) to the designated data access contact ([fen.miao@siat.ac.cn](mailto:fen.miao@siat.ac.cn)) for review and processing. The approval process may involve additional steps, such as ethics committee review, data provider approval, or legal considerations. The data access request will be evaluated based on the nature of the research, adherence to data protection regulations, and availability of the requested data.