

FLORIDA STATE UNIVERSITY
dbGaP PI Data Access Certification Form

This certification form must be completed by any FSU investigator who needs to access/download human genomic datasets for research purposes. See FSU Guidelines when Genomic Data is Generated or Accessed.

FSU Investigator Name:

NIH Commons Project ID (from Project Request):

Project Name:

Agreement to Adhere to the Provisions of NIH's Genomic Data Sharing Policy and the Terms Described by the Data Certification Agreement

By signing below, I have reviewed the terms of access governing the use of controlled-access data subject to the [Genomic Data Sharing Policy](#) as described in the Data Use Certification Agreement (which is automatically appended to the Data Access Request) for the requested dataset and the [Genomic User Code of Conduct](#), and that I agree to adhere to all of the terms therein. I also have contacted FSU's Office of Commercialization to discuss this data request and NIH's Data Sharing Policy's intellectual property limitations. I also understand that any violation of those terms may lead to termination of access and other penalties.

☐ I agree

Agreement to Adhere to Data Security Expectations

By signing below, I certify that I have reviewed the [NIH Security Best Practices for Controlled- Access Data Subject to the GDS Policy](#), and that I agree to manage and protect the requested dataset by following those Best Practices as well as FSU's own IT security requirements and policies (as described in [FSU's Security Best Practices for Controlled-Access Data Subject to NIH Genomic Data Sharing Policy](#)).

☐ I agree

Investigator Signature

Date

APPROVED

Vice President for Research

Date