

**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 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**

---

---

**APPROVED**

---

**Mark Riley**  
**Interim Vice President for Research**