Sealy Center on Aging, University of Texas Medical Branch   301 University Blvd. Galveston, TX 77555-0177

Once the date specified in your contractual agreement for access to MHAS restricted data has passed, you are required to return or destroy the original restricted data and all derived data files.

If you choose to destroy the data, we will need a counter-signed statement confirming the destruction of the restricted files.

If you would like to retain access to MHAS restricted data, you will need to provide the following information to us.

1. Detail of changes or modifications in the research and/or data protection plans.

2. Progress report, including a justification of why an extension is needed.

3. References for any papers, publications or presentations using the restricted data.

4. Proof of current IRB approval (these must be renewed annually with local IRB throughout the course of the project; only a copy of the current renewal is needed).

5. Updated list of authorized users under the agreement. A Supplemental User Agreement must be completed and signed for each new user (Form #7 (2), included below). To remove an authorized user from your project, submit a Supplemental User Termination Form (Form #7 (3), included below).

6. Complete address information (state, city, street, building, office/room number) for data storage (servers) and workstations.

If you have questions about the renewal process, contact:

Rebeca Wong
Principal Investigator
Mexican Health and Aging Study
Sealy Center on Aging
301 University Blvd.
Galveston, Texas 77555

Phone: 409.266.9661
Email: rewong@utmb.edu

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If you have questions about your data protection plan, about data management issues, or if you have a technical problem, contact:

Alejandra Michaels
Research Coordinator
Mexican Health and Aging Study
Sealy Center on Aging
301 University Blvd.
Galveston, Texas 77555

Email: almichae@utmb.edu

Mexican Health & Aging Study

Form #7 (2) Supplemental Agreement With Research Staff For Use Of Restricted Data

Sealy Center on Aging, University of Texas Medical Branch   301 University Blvd. Galveston, TX 77555-0177

Please note that you are to submit one original, signed copy of this document.

The undersigned Research Staff, in consideration of their use of Restricted Data from the Mexican Health and Aging Study (MHAS), agree:

a. That they have read the associated Agreement for Use of Restricted Data from the Mexican Health and Aging Study, the Research Plan and Restricted Data Protection Plan incorporated by reference into it.
b. That they are "Research Staff" within the meaning of the Agreement.
c. To comply fully with the terms of that Agreement, including the Restricted Data Protection Plan incorporated by reference into it.

The undersigned Restricted Data Investigator agrees that the persons designated herein are Research Staff within the meaning of the associated Agreement for Use of Restricted Data from the Mexican Health and Aging Study.

RESEARCH STAFF:

_____
Signature   Date

_____
Typed Name

_____
Job Title/Formal Affiliation with Research Project

_____
Address

_____
City, State, Zip

_____
Email

_____
Phone

RESEARCH STAFF:

_____
Signature   Date

_____
Typed Name

_____
Job Title/Formal Affiliation with Research Project

_____
Address

_____
City, State, Zip

_____
Email

_____
Phone

August 2016

RESTRICTED DATA INVESTIGATOR:

_____
Signature   Date

_____
Typed Name

_____
Title

Mexican Health & Aging Study

Form #7 (3) Supplemental User Termination of Restricted Data

Sealy Center on Aging, University of Texas Medical Branch   301 University Blvd. Galveston, TX 77555-0177

Please note that you are to submit one original, signed copy of this document.

As the Restricted Data Investigator to Mexican Health and Aging Study (MHAS) restricted data agreement _____ at _____, I certify by my signature below that the following supplemental users no longer have access to MHAS restricted datasets licensed under this agreement.

Name: _____

Role: _____

Date of Access Termination: _____

Name: _____

Role: _____

Date of Access Termination: _____

Name: _____

Role: _____

Date of Access Termination: _____

RESTRICTED DATA INVESTIGATOR:

_____   _____
Signature   Date

_____
Typed Name

_____
Title

August 2016