

Statement of Confidentiality

Tissue Acquisition & Distribution Facility
University of Utah
Health Science Center
Huntsman Cancer Institute
Philip Bernard, MD, Director
Janet Heins, Coordinator

I hereby swear or affirm that I, _____ (Print name), will forever regard as, and maintain, strictly confidential and secret, and, except to those authorized and bound by the confidentiality statement, will not disclose to any person, firm, corporation, entity, or otherwise publish, information managed by, or under, the _____ control of University of Utah Health Science Center, Huntsman Cancer Institute, Tissue Acquisition & Distribution Facility. I will notify my employer or Principal Investigator immediately (not to exceed 24 hours) of any disclosure _____ or suspected disclosure, whether mine or anyone else's, whether intentional or accidental. I understand and _____ agree that the confidentiality of the study data is a material and essential aspect of the state statutes, Executive _____ Order, Bylaws and regulations regarding the University of Utah and the Huntsman Cancer Institute and a violation of this confidentiality statement will result in a material breach of contract by me and my employer or Principal _____ Investigator and may subject me to the appropriate disciplinary actions, civil damages, and criminal prosecution _____ under Utah laws, including, but not limited to, Utah Code Annotated, Section 67-16-4 (2); 76-8-504; 76-9-403; and 63-2-87.

Signature:

Date:

Witness' Signature:

Date: