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Karolinska Institutet

NIH Data Access Request (DAR) Assurance Form

(For internal use only)

This assurance form must be signed and submitted to compliance@ki.se with all applications.

After signature by the Research Support Office this Assurance form should be registered and archived with the application and reports.

Data Set:	☐ NIH dbGaP ☐ Other:	Accession No: Title:

Application Date (YYYY/MM/DD):	
Project Number:	
Project Title:	
Principal Investigator (PI):	
Approved users with access to data:	
Department:	

Assurance Statement:

By signing below;

1) As the PI, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I have read and understand the terms, conditions, and statements in the Data Use Certification(s) for the requested dataset(s), including the requirements that; a) all users of the data have completed the required computer security training, for example, the http://irtsectraining.nih.gov/, or the equivalent; and b) to submit annual data use reports to the appropriate NIH Data Access Committee (DAC).
I have also read the Code of Conduct (https://dbgap.ncbi.nlm.nih.gov/aa/GWAS_Code_of_Conduct.html) and I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

2) the Head of Department certifies that the appropriate programmatic and administrative personnel at the Department are aware of federal, state, and local laws and regulations and any relevant KI institutional policies relating to use of patient data. I understand that the Department on whose behalf I am signing this application is responsible for the conduct of the investigator(s) and approved users requesting access to data through this Data Access Request.

Type Principal Investigator Name	Principal Investigator Signature	Date
Type Head of Department Name	Head of Department Signature	Date
Type Head of Research Support Office Name	Head of Research Support Office Signature	Date