CONFIDENTIALITY AGREEMENT

Virginia Polytechnic Institute and State University Institutional Review Board

I, ______________________, will for consultation purposes participate in the review of proposed human subject research in the research project entitled ____________________________.

I understand and agree that the information and documentation that I will be exposed to during and related to my participation with the Virginia Polytechnic Institute and State University Institutional Review Board (IRB) is strictly confidential. I also acknowledge and agree that I will not, without appropriate authorization, access any information that the IRB considers confidential, release such information to any person or persons outside of the review process, or use such information for unauthorized purposes.

I understand that such authorized purposes only include educational discussions and compositions that describe general aspects of the review process.

I agree that I will not copy or take any documentation or written information from the IRB without permission from the IRB.

I understand and agree that this confidentiality agreement continues after the end of my affiliation with the Virginia Polytechnic Institute and State University Institutional Review Board.

Signature ____________________________________________

Date ________________________________________________