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**Karolinska
Institutet**

NIH Data Access Request (DAR) Assurance Form

(For internal use only)

TWO copies of this form must be signed and submitted to the Grant Office with all applications.

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

Data Set:	<input type="checkbox"/> NIH dbGaP	Accession No:
	<input type="checkbox"/> Other:	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) 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 certify 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 Grant Office Name

Head of Grant Office Signature

Date