**Data Assurance Agreement for Researcher Access to the Public Use Data Set**

**NAACCR CiNA-Public Dataset 1995-2017**

These data are provided for the sole purpose of statistical reporting and analysis only. By using these data, you signify your agreement to comply with the following:

1. There will be no attempt to learn the identity of any person included in these data. If the identity of any person is discovered inadvertently, no disclosure or other use of the identity will be made, ***and I will notify NAACCR***.

**Initials required: \_\_\_\_**

1. The identification or contact of individuals is prohibited. I will not discuss in any manner, with any unauthorized person, information that would lead to identification of individuals described in the Data furnished by NAACCR.

**Initials required: \_\_\_\_**

1. I will not attempt either to link—***or permit others to link***—the data with individually identified records in another database.

**Initials required: \_\_\_\_**

1. I will not either release—***or permit others to release***—the data—in full or in part—to any person. I will not share my password for data access with any other individuals. All members of a research team who have access to the data must sign this data-use agreement.

**Initials required: \_\_\_\_**

1. I will not use—or permit others to use—the data in any way other than for statistical reporting and analysis for public health research purposes. I must notify NAACCR if I discover that there has been any other use of the data.

**Initials required: \_\_\_\_**

1. I agree that all data provided shall remain the sole property of NAACCR and may not be copied or reproduced in any form or manner without NAACCR's prior written consent.

**Initials required: \_\_\_\_**

1. I will cite the source of information in all publications. The appropriate citation is associated with the data file used.

**Initials required: \_\_\_\_**

1. Uses of these data do not constitute an endorsement of the user's opinion or conclusions by NAACCR, or any central registry in US or Canada, and none should be inferred.

**Initials required: \_\_\_\_**

1. I understand that calculating rates or other statistics based on small numbers can raise statistical issues concerning accuracy and usefulness. I will use appropriate caution when presenting and interpreting results based on less than 20 cases.

**Initials required: \_\_\_\_**

1. I agree that any and all reports or analyses of the Data shall contain only aggregate data and no report of the Data containing statistical cells with less than six (6) subjects shall be released.

**Initials required: \_\_\_\_**

My signature indicates that I agree to comply with the above stated provisions.

First Name: Last Name:

Organization: Email:

Phone:

Date: Signature:

Questions or issues, please contact Recinda Sherman, rsherman@naaccr.org.