

Training Verification Form



Instructions:

Please print this page to complete and sign. The signed copy will need to accompany your request for user access to clinical or identified data.

I have fully read the data access training presentation for Collaborators understand:

- What are identified human data;
- That the identified data shared by Fred Hutch require good stewardship and may be governed under HIPAA. Identified data shared with you under a research project, are also governed by federal Human Subjects Protection;
- That the identified data shared by Fred Hutch may be generated by a Fred Hutch Consortium Partner;
- The roles and responsibilities for individuals accessing and using this data;
- The data is considered Restricted and how Restricted data are managed under the Fred Hutch Information Classification and Handling Policy; and
- The requirement to immediately report to Fred Hutch within 24 hours knowledge or awareness data misuse.

My signature below verifies completion of this training assignment required for access to consortium data governed through the MOU.

Printed Full Name: _____ Date: _____

Organization: _____ Signature: _____

Document Name/Version/Version Date

Version	Version Date	Author	Document Name
N/A	07/8/21	SGlick	Collaborator Data Use Training