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 a clinical application or for data services.

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

- What is Identified Human data;
- That the identified data shared by Fred Hutch requires good stewardship and is governed under HIPAA. If the project shares identified data under a research project, the data is also governed by federal Human Subjects Protection;
- That the identified data shared by Fred Hutch is likely generated by a Fred Hutch Consortium Hospital Partner and used by Fred Hutch through a Memorandum of Understanding governing use of the data;
- The roles and responsibilities for individuals accessing and using this data;
- The data is considered Strictly Confidential and how Strictly Confidential data is managed under the Fred Hutch Information Classification Standard; and
- The requirement to immediately report to Fred Hutch within 24 hours of knowledge or awareness data misuse.

Printed Full Name: ___________________________ Date: ___________________________

Organization: ___________________________ Signature: ___________________________

Document Name/Version/Version Date

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<th>Version</th>
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