



<http://www.childrenshospital.org/research/irb>

IRB Meeting Guest Confidentiality Agreement

Please read and complete the information below. If you have any questions, please ask the Institutional Review Board (IRB) staff member who arranged your visit.

Today's Date: ___ / ___ / _____

I understand that I attend the meeting(s) of the IRB as a guest of the IRB. I must have permission to attend from the IRB Chair, and this permission may be withdrawn at any time for any reason.

As a condition of being granted permission to attend the IRB meeting(s), I agree not to divulge, publish, or otherwise make known to any individual or entity outside of the IRB any information I obtained during the course of my attendance at the IRB. If I have been given any information or have access to such information, I will delete the information and destroy all copies.

If I have any financial or non-financial, actual or potential, conflict of interest associated with any of the research under consideration at the meeting I will: (i) if I am aware of the matter before the meeting, I will inform the IRB chair prior to the meeting and leave during the discussion of the matter, or (ii) if I become aware of the matter during the meeting I will leave the meeting and inform the Chair of my conflict immediately after the meeting.

I understand that I may be asked to leave any meeting at any time and I will promptly do so.

Printed Name

Signature

Title

Institution(s)