



1730 Minor Ave STE 1900
Seattle, WA 98101-1468
(206) 342-1692
(206) 342-1688

DATA USE AGREEMENT

INVESTIGATORS: PLEASE PDF and email TO: webhelpiaslc@crab.org

TO: Participating Institution:
Principal Investigator:

This Data Agreement is effective as of this _____ day of _____, _____ by and between Cancer Research And Biostatistics ("CRAB") and _____.

_____ agrees that identifiable private information of research subjects was gathered in compliance with applicable law and with respect and regards for human subjects.

_____ agrees unequivocally to prohibit release of individually identifiable private data to CRAB for research purposes and to provide only a limited data set described in the applicable project documents. _____ agrees to provide only 'coded' data to CRAB for analysis. 'Coded' data sent to CRAB will be in a format that cannot be linked to individual research subjects, either directly or indirectly through the coding system, by any member of CRAB's research team. Where personal identifiers might inadvertently be included with data received, CRAB will delete/destroy this identified data, and immediately notify _____ to replace with de-identified/coded data.

If ever visiting _____, CRAB employees may access or utilize individually private information but these activities become subject to the oversight of _____'s Institutional Review Board. At no time will CRAB employees record any private information.

CRAB, as an institution, is not considered to be "engaged" in human subjects research for this project.

This agreement shall supplement any other Data Use Agreement between the parties intended to comply with limited data set requirements imposed by law.

Signature of the Authorized Representative Date

[Name of the Authorized Representative]

[Institutional Official Title]

[Institutional Address]

Fax Number **Email Address**
Project: IASLC Staging Initiatives(select all that apply):
Lung Cancer, Mesothelioma, Esophageal Cancer
Thymic Malignancies **Cancer Research And Biostatistics**

Signature Date Signature Date
Fred R. Hirsch, MD, PhD Antje Hoering, PhD
Chief Executive Officer, IASLC CRAB President and CEO



Please indicate the applicable project (select only one). If you are participating in multiple staging projects, please submit a separate a separate form for each disease site.

Lung Cancer

Mesothelioma

Esophageal Cancer

Thymic Malignancies

Cancer Research And Biostatistics
1730 Minor Ave. STE 1900
Seattle, WA 98101-1468
Ph: +1 206-839-1692
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WebHelpIASLC@crab.org

IASLC International Staging Project Database Account Request Form

Instructions

- For an institution and its personnel to use the IASLC International Staging Project Database study website, the institution must send a request to CRAB to create accounts for the institution and its authorized users.
- To request that institution and/or user accounts be created or changed, the institution must complete and submit an Account Request Form. When there is a change request, list only the accounts that require changes and select 'This is a change to the current account' or 'De-activate account ', as appropriate.
- Each user must have a unique email address. Users cannot share the same email address.
- Please fill in all required information. CRAB cannot fill in missing or incomplete items.
- Account for the PI at the institution must be created before subjects can be registered at the institution. (Even if the PI does not intend to access the study website, an account for the PI must be created.)
- If a person moves to a different institution, de-activate their account and set up a new account at the new institution.
- If the fax number or email address changes, check the *This is a change to the current account* box, fill in the user name, and list the new contact information.
- Please email the completed form as an attachment to WebHelpIASLC@crab.org. **Please also submit your completed Data Use Agreement and Description of Site Cohort Form to this same email address. All 3 of these forms must be submitted for CRAB to set up data entry system accounts.
- Upon receipt of the 3 required forms, **please allow 3-5 business days** for CRAB to set-up the account(s). CRAB will notify you when the account setup is complete.
- At the first attempt to login, new users will enter their user ID and email address to verify their identity. A temporary password will then be emailed to the user.



**IASLC INTERNATIONAL STAGING PROJECT DATABASE
 Account Request Form**

Use this form to request or change an Institution or User account or to deactivate an existing account. One (and only one) of the entries below must be checked as Principal Investigator. Email the completed form to WebHelpIASLC@crab.org.

Institution		Member of GCCB-II or GCCB-III Consortium?	
Name			
Address			
City, Region, Zip Code, Country			
Fax Number			

Data Entry System User #1		<input type="checkbox"/> <i>This is a change to the current account</i>
		Principal Investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (First, Last, Title)		
Email Address		
<input type="checkbox"/> De-activate account (user name only required)		

Data Entry System User #2		<input type="checkbox"/> <i>This is a change to the current account</i>
		Principal Investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (First, Last, Title)		
Email Address		
<input type="checkbox"/> De-activate account (user name only required)		

Data Entry System User #3		<input type="checkbox"/> <i>This is a change to the current account</i>
		Principal Investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (First, Last, Title)		
Email Address		
<input type="checkbox"/> De-activate account (user name only required)		

IASLC INTERNATIONAL STAGING PROJECT DATABASE
Account Request Form - Continued

Name	
Address	
City, Region, Zip Code, Country	
Fax Number	

Data Entry System User #4	<input type="checkbox"/> <i>This is a change to the current account</i>
	<u>Principal</u> Investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (First, Last, Title)	
Email Address	
<input type="checkbox"/> De-activate account (user name only required)	

Data Entry System User #5	<input type="checkbox"/> <i>This is a change to the current account</i>
	<u>Principal</u> Investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (First, Last, Title)	
Email Address	
<input type="checkbox"/> De-activate account (user name only required)	

Data Entry System User #6	<input type="checkbox"/> <i>This is a change to the current account</i>
	<u>Principal</u> Investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (First, Last, Title)	
Email Address	
<input type="checkbox"/> De-activate account (user name only required)	



Please indicate the project in which you would like to participate: 1730 Minor Ave STE 1900
 (select all that apply) Seattle, WA 98101-1468
 Lung Cancer Mesothelioma Phone: (206) 342-1692
 Esophageal Cancer Thymic Malignancies Fax: (206) 342-1688
 Email: webhelpIASLC@crab.org

**INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
STAGING PROJECT**

DESCRIPTION OF SITE COHORT FORM

<u>Name of Institution:</u>	
<p>1. <u>Proposed method of data entry:</u></p> <p>Please select ONE:</p> <p><input type="checkbox"/> Online data entry OR <input type="checkbox"/> Data transfer</p>	
<p>2. <u>Method of case selection:</u></p> <p>Please select ONE:</p> <p><input type="checkbox"/> <u>Population-based sample</u>: Population-based sample selection involving enhancement of a population-based cancer registry with the data elements required for this study. All patients diagnosed within the study period may be included or a random sample of same.</p> <p><input type="checkbox"/> <u>Institution-based sample</u>: Institution-based sample selection, involving capture of information on all newly-diagnosed patients seen at the institution during the period of the study. May involve the use of an institution's tumor registry, enhanced with the data elements required for this study.</p> <p><input type="checkbox"/> <u>Clinical series</u>: Involving the capture of information on an inception cohort of all newly-diagnosed patients presenting to a defined clinical service during the period of the study. OR</p> <p><input type="checkbox"/> <u>Other method – please describe</u>:</p>	
3. <u>Estimated number of new cases per year:</u>	
<p>4. <u>Additional information:</u></p> <p>In the box provided, please describe the additional relevant information according to the instructions below, depending on the method of case selection employed:</p> <ul style="list-style-type: none"> • If <u>population-based</u>, please describe the population coverage: • If <u>institution-based</u>, please describe the referral pattern: • If <u>clinical sample</u>, please describe the clinical service, including all treatment modalities offered: 	
<i>For CRAB use only:</i>	Institution ID: