TEXAS
The University of Texas at Austin

UT Stroke Research Registry
Request and Confidentiality Agreement

Section 1: Contact Information

Section 2: Description of Planned Research

IRB Study Number:

Initial IRB Approval Date:

Briefly describe the purpose and/or goals of your study:

Briefly describe the experimental procedures included in your study:

Please describe the criteria for participant inclusion and exclusion:

Please describe the study protocol (including location of data collection):

Section 3: Terms of Use

The UT Stroke Study Registry prioritizes the protection of registrant privacy and only permits contact of registrants for studies approved by both the UT IRB and the maintainers of the registry. Registrant contact information is distributed under the following terms of use:

- The contact list will not be used to recruit subjects for any study other than the one described in this agreement
- No copies of the registrant contact file will be made or stored beyond those on the shared UT Box drive
- The contact list will not be shared with any researchers other than those listed in this agreement
- Registrants preferred contact method will be the initial attempted contact method

By signing this form, I agree to the terms of use.

_____

Name and Signature Date

_____

Name and Signature Date

TEXAS
The University of Texas at Austin

FOR REGISTRY MAINTAINER USE ONLY:

I, a registry maintainer, **approve** use of this registry for the research described above.

Name and Signature Date

Name and Signature Date

Name and Signature Date

I, a registry maintainer, **deny** use of this registry for the research described above.

Name and Signature Date

Name and Signature Date

Name and Signature Date