

**A P P E N D I X VI**  
**Statement of Confidentiality**

\_\_\_\_ [Name of REC] \_\_\_\_\_ agrees, subject to the conditions below, to disclose information in confidence to  
\_\_\_\_ [Name of Recipient] \_\_\_\_\_ relating to projects being evaluated by \_\_\_\_\_.

\_\_\_\_ [Name of Recipient] \_\_\_\_\_ agrees as follows with respect to the confidentiality of such information:

1. \_\_\_\_\_ will not disclose or use any such confidential information (other than to the extent reasonably necessary to perform obligations as directed by \_\_\_\_ [Name of REC] \_\_\_\_.) unless:
  - 1.1 the subject matter was already known to \_\_\_\_\_ prior to its disclosure to \_\_\_\_\_, as evidenced by written documents;
  - 1.2 the subject matter was or becomes generally public knowledge; or
  - 1.3 the subject matter is made known to \_\_\_\_\_ by a third party who by such a disclosure is not in breach of duty or obligation toward \_\_\_\_\_.
2. Neither \_\_\_\_ [recipient] \_\_\_\_ nor \_\_\_\_ [recipient] \_\_\_\_'s agents or employees shall distribute or disclose any such confidential information without the prior written consent of \_\_\_\_ [Name of REC] \_\_\_\_.
3. For purposes of this Statement, \_\_\_\_\_ considers and will treat as confidential information all business, clinical, and procedural information shared by \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF REC OFFICIAL

\_\_\_\_\_  
SIGNATURE OF RECIPIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE