**CONFIDENTIALITY AGREEMENT**

**Saint Louis University Institutional Review Board**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be participating in the review or discussion of proposed human subject research on behalf of or with the Institutional Review Board of Saint Louis University. I understand and agree that the information and documentation that I will be exposed to during and related to my participation with the Institutional Review Board is confidential. I further acknowledge and agree that I will not, without appropriate authorization, access information that the IRB considers privileged or confidential, release such privileged or confidential information to anyone outside of the review process neither within nor outside Saint Louis University, or use such information for unauthorized purposes.

I understand that such authorized purposes only include educational discussions or compositions which may describe general aspects of the review process but may not include specific information regarding any of the research proposals discussed by the Institutional Review Board. Ex-officio members are permitted to communicate pertinent meeting information to their respective offices or institutions as necessary to conduct business, which may include specific information regarding research proposals being carried out at that institution.

I also agree that I will not copy or otherwise take any documentation or written information from the Institutional Review Board without express permission from the Director, Manager or Chair of the Institutional Review Board.

Regardless of my association with the Institutional Review Board, I further understand and agree that this confidentiality agreement continues after the end of my affiliation with Saint Louis University.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_