School of Health Sciences Research EthicsCommittee

Confidentiality Agreement Form
for Non-members Requesting Copies of REC's Documents

I,……..,..,.,……. as a non-member of IRC, understand that the copy (ies) given to me by the REC is (are) confidential. I shall use the information only for the indicated purpose as described to the REC and shall not duplicate, give or distribute these documents to any person(s) without permission from the REC. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information as Confidential.

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Signature of the recipient Date

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Chairperson of REC Date