



**STATE OF MINNESOTA  
MINNESOTA PRAMS EXTERNAL RESEARCHER  
DATA SHARING USER AGREEMENT**

I, \_\_\_\_\_, as principal investigator/co-investigator on this proposed analysis of Minnesota Pregnancy Risk Assessment Monitoring System (MN PRAMS) data, agree to the following requirements for the use of Minnesota PRAMS data, and assure compliance with the requirements by all staff and collaborators approved as part of this agreement.

1. I will not use these data except for statistical analysis and reporting as described in the attached proposal titled \_\_\_\_\_.
2. I will not use nor permit others to use these data to conduct analyses other than those described in the proposal, titled \_\_\_\_\_, which accompanies this statement.
3. I will not release the dataset or any part of it to any person other than those listed as collaborators in the attached proposal. I will assure that all approved collaborators understand that they may not share the dataset or any part of it.
4. I will not attempt to link nor permit others to link the dataset with individually identifiable records from other Minnesota Department of Health (MDH) or non-MDH datasets.
5. I will not attempt nor permit others to use the dataset to attempt to learn the identity of any participant. If the identity of a respondent should be inadvertently discovered, I will make no use of this knowledge, nor will I permit others to use the knowledge. I will inform the Minnesota PRAMS staff of the discovery, so they can prevent future discoveries. I pledge that neither I nor other members of my team will inform anyone else of this knowledge.
6. I agree that the data will be kept in a secure environment and will be password-protected in that environment and encrypted when transported to another environment. Only authorized users named in this signed agreement will have access to the dataset and password.
7. I will adhere to the authorship agreement discussed with the Minnesota PRAMS Team. Additionally, all oral or written presentations of the results of the analyses will include an acknowledgement of the Minnesota PRAMS Team and the Centers for Disease Control and Prevention's PRAMS Team.
8. All oral or written presentations of the results of the analyses will include an acknowledgment of Minnesota PRAMS and the Centers for Disease Control and Prevention.

9. All abstracts, oral presentations and poster presentations based on analysis of Minnesota PRAMS data must be submitted to the Minnesota PRAMS Coordinator for review at least two weeks before submission/presentation.
10. All manuscripts based entirely or in part on analysis of Minnesota PRAMS data must be submitted to the Minnesota PRAMS Coordinator for review at least 28 days before submission.
11. If Minnesota PRAMS determines that Data User has breached or violated a material term of this Agreement, Minnesota PRAMS may, at its option, pursue either or both of the following remedies:
  - (1) Take any other reasonable steps that Minnesota PRAMS, in its sole discretion, shall deem necessary to cure such breach or end such violation; and/or
  - (2) Terminate this Agreement immediately.
12. All copies of data for the proposed analyses will be destroyed or returned to the Minnesota Department of Health (to the attention of Minnesota PRAMS Coordinator) within 30 days of completion of the work described in the data request. If destroyed, I will provide the Minnesota PRAMS Coordinator with a written description of the method I plan to use - prior to destroying the data to ensure that the proposed method is acceptable. Written confirmation that the data has been destroyed will also be provided to the Minnesota PRAMS Coordinator.
13. I understand that sharing of this data does not imply, in whole or in part, that the proposed topic has been investigated before, or will be investigated now or in the future, by other investigators interested in this topic.
14. I agree to allow Minnesota PRAMS staff to disseminate any materials or products developed as a result of this research for the purpose of promoting the health and well-being of all Minnesota residents.

My signature and the signatures of all investigators indicate our agreement to comply with these requirements and the requirements outlined in the Minnesota PRAMS guidelines for sharing data with external researchers.

Name of principal investigator: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

Signatures of other investigators/collaborators:

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

*(Additional names and signatures can be included on a separate page.)*

***Distribution:***

*Agency – original*

*External Researcher– copy*

*State’s Authorized Representative - copy*