

3. Please describe how your organization will ensure access to the CRGC data and how it will be restricted to the authorized personnel with signed Data Confidentiality Agreements listed in Section 2.

4. Describe the length of time of this study, in years and months. (CRGC data is not to be used outside of the study time frame.)

5. If applicable, describe the Institutional Security Plan and/or Disaster Recovery Plan for the treatment of the CRGC data.

Principal Investigator, Printed Name and Title

Signature

REMINDER: DO NOT EMAIL ANY PATIENT IDENTIFIERS.