

Clinical Trials Experience

 Last Name
 First Name
 M.I.

Year	Name of Clinical Trial	Indication	Sponsor

Please fax to 678-302-4223 Attn: Epidemiology and Clinical Trials Center



Association of Black Cardiologists, Inc.

CONFIDENTIALITY DISCLOSURE AGREEMENT

The Association of Black Cardiologists, Inc. (hereafter referred to as [ABC]) may bring to my attention various research studies from time to time to solicit my participation. I agree to keep confidential all study related information that might be presented to me for my review including but not limited to the Study protocol (hereinafter referred to as [the Confidential Information]).

I acknowledge that the Confidential Information which will be disclosed to me is the exclusive property of the Sponsor or any of its Affiliates. Consequently, I agree not to disclose it to any third party without the prior written consent of the Sponsor and not to use the Confidential Information for any other purpose than its evaluation.

The obligations included in the present letter do not apply to information which:

- was lawfully in my possession before the date of signature of the present letter, or
- becomes available to me from an independent third source not bound by an obligation of secrecy to the Sponsor or the ABC with respect to such Confidential Information, after this date of signature, or
- was public knowledge at the time of disclosure hereunder or which thereafter becomes public knowledge through no act or omission from me.

I also undertake not to make any publication, written or oral release pertaining to the Confidential Information and/or the Study and its results without the prior written consent of the Sponsor or ABC. I shall accordingly refrain from filing any such patent applications and from claiming any rights whatsoever in any patent applications on such Confidential Information.

At the end of my collaboration with the ABC for any reason, all the confidential documents which have been disclosed to me shall be returned to the ABC who will forward them to the Sponsor which remains the exclusive owner of such Confidential Information.

This agreement does not replace specific confidentiality agreements with the Sponsors of research studies. This agreement does cover confidential information provided to me by the ABC as a solicitation for participation in clinical research studies.

I agree that all obligations contained herein shall remain in effect for a period of one (1) year following the date of signature of this Agreement.

Name: (Please Print)		
Address:	Date:	
	Signature:	

Clinical Trials (Home Page)

Physicians – Investigator's Corner Summary Active Clinical Trials Investigator Profile Survey Confidentiality Disclosure Agreement Clinical Trials Patient Recruitment Video *African American Guide to Clinical Trials* Brochure

Patients

Active Clinical Trials (by geographical location) Patient Guide to Clinical Trials Video *African American Guide to Clinical Trials* Brochure

Sponsors

Summary EpiCenter Brochure Active Clinical Trials Patient Guide to Clinical Trials Video Clinical Trials Patient Recruitment Video *African American Guide to Clinical Trials* Brochure