**Certificate of Confidentiality**

This document certify that the Principal Investigator…………………………………………..

With Study protocol titled …………………………………………………………………………………………………...

……………………………………………………………………………………………………

Ensure the confidentiality of **research participant’s data and biological material** obtained either prospectively or from existing record, under strict privacy and security throughout the study duration, publication and at any public presentation.

Principal Investigator will disclose the custodianship of the study material, with (first) and (second) or if applicable, (third) party, who shares the same, or a part, inside or outside the Kingdom of Saudi Arabia, as stated in the submitted protocol. Patient Information Sheet/Informed Consent Form, should have clear description of the information shared.

The privacy must ensure:

* Secured Access to data and bio samples of research subject
* Security on subject’s data and bio samples
* Secured electronic data access with user password
* De-identification of research subjects personal information at publication or public presentation
* Compliance on ‘duration’ of archiving and storage location specified in protocol, agreed and signed

The signatory acknowledge that s/he have read and understood this agreement and agree to be bound by its terms.

Signed by:

**Principal Investigator**

Signature: …………………………….

Name: ………………………… Date: