

RESEARCH
CONFIDENTIAL INFORMATION ACKNOWLEDGEMENT

Confidentiality. I agree to keep confidential, except as AGHS may otherwise consent in writing, and not to disclose, or make any use of except for the benefit of the System, at any time either during or subsequent to my employment, any trade secrets, confidential information, knowledge, data or other confidential information owned by or entrusted to Akron General Health System, except as required by law.

I further agree not to deliver, reproduce or in any way allow any such trade secrets, confidential information, knowledge, data or other information, or any documentation relating thereto, to be delivered or used by any third parties without specific prior written direction and/or consent of a duly authorized representative of AGHS.

Return of Confidential Material. In the event of my termination of relationship with AGHS for any reason whatsoever, I agree to promptly surrender and deliver to AGHS all records, materials, equipment, drawings, documents and data of any nature pertaining to any invention, creative work, trade secret or confidential information of, or entrusted to AGHS, unless otherwise directed by the Intellectual Property Policy of the Akron General Medical Center.

I have read the above and understand my responsibilities regarding the same and agree to abide by these rules.

Signature

Date

Printed Name/Title

ALL INVESTIGATORS LISTED ON A RESEARCH STUDY MUST HAVE A SIGNED COPY OF THIS FORM ON FILE WITH AGMC RESEARCH ADMINISTRATION. THE FORM IS ONLY NEEDED ONE TIME AND WILL BE GOOD FOR ALL FUTURE STUDIES THE INVESTIGATOR IS INVOLVED IN.

ANY STUDY SUBMITTED FOR REVIEW BY IRRB WILL NOT BE APPROVED UNTIL ALL INVESTIGATORS HAVE RETURNED THIS FORM.