**Medical College of Wisconsin**

**IRB Visitor Confidentiality Agreement**

Name of Visitor: Click or tap here to enter text.

IRB Meeting Date: Click or tap to enter a date.

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**Confidentiality**

Information reviewed by the Medical College of Wisconsin (MCW) IRB may involve a variety of confidential matters, documents, and records.

* I understand that all documentation, records, or matters discussed in the IRB meeting are confidential.
* I agree that I will not use any information related to the IRB meeting for any purpose, or disclose such information to a third party.

General high-level information may be shared in a report for classroom or other use, but specifics about the projects, the research teams, IRB deliberations, the IRB Committee or its members will not be disclosed.

The obligations under this Agreement shall continue indefinitely.

**Certification**

The MCW IRB has granted my request to observe an IRB meeting. By signing below, I acknowledge and agree to abide by the terms of this Confidentiality Agreement.

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Visitor Signature Date