



Institute on Aging
 University of Wisconsin-Madison
 2245 Medical Science Center
 1300 University Avenue
 Madison, Wisconsin 53706-1532

MIDUS Brain Imaging Data Research Plan and Data Use Agreement

Researchers requesting to download MIDUS brain imaging data must complete, sign and return this Research Plan and Data Use Agreement to the MIDUS Admin Core (midus_brainimaging@aging.wisc.edu).

Research Plan

Please provide the following information about your planned research with MIDUS brain imaging data.

1. Study Team: Primary Investigator and each additional internal collaborator as well as trainees and staff directly supervised by the PI.

Study Team	Full legal name	Institution	Email address
Primary Investigator			
Study Team Member 1			
Study Team Member 2			
Study Team Member 3			
Study Team Member 4			

2. Specify the MIDUS data resource requested (select all that apply):

- MIDUS 2 Raw Neuroimaging Data
- MIDUS Refresher Raw Neuroimaging Data
- MIDUS 3 Raw Neuroimaging Data

3. Provide a descriptive title for your project.

4. Describe how you will use the imaging data you are requesting. Clearly present the intended research question or hypothesis as well as the imaging data with which you wish to address the question or hypothesis.

Data Use Agreement

This is a Data Use Agreement between the MIDUS Administrative Core of the University of Wisconsin-Madison Institute on Aging and

(User)

regarding the use of brain imaging data from the Midlife in the United States (MIDUS) study. The MIDUS Administrative Core agrees to provide raw brain imaging data that by its nature must be handled differently from other public released MIDUS data.

I, _____, agree that:
(User)

1. Permission to use the brain imaging data is granted to me at my current institution. Only my study team and I will have access to any MIDUS brain imaging data. These data will not be duplicated or shared with other researchers, including researchers at my institution. All study team members will read and sign a copy of this Data Use Agreement form before they have access to the brain imaging data. These staff forms will be retained by me and given to the MIDUS director on request.
2. If I leave my current institution, I understand that I must reapply for permission for continued access to these data, and that this is also true for graduate students and other staff members who change their institutional affiliation.
3. My study team and I will take reasonable precautions to preclude persons not authorized to use the brain imaging data from having access to it. The data files with this information will be maintained in a secure manner, with access restricted to authorized persons.
4. No attempt will be made by my staff or me to identify individual respondents for any purpose. I understand that any such attempt may void permission to use the data, and that if I, or others, become aware of such an attempt, we are obligated to report it to the MIDUS director.
5. In addition, **any** findings made available to the public (i.e., publications, reports, working papers) must present data at the aggregate level. No findings can be released in which an exceedingly small number of observations (e.g., <10) is represented by any data value.
6. I will acknowledge MIDUS and/or MIDUS funding in any publications resulting from these data. I will also notify the MIDUS Administrative Core of any publications.

In agreement with the above conditions, I request permission to download the brain imaging data.

Signature

Date

Print Name

Email Address

Title

University/Institution