**HPTN Confidentiality Agreement**

*[Template text]* The results and/or sensitive information of HPTN [*Enter number and Description of study]* disclosed are to remain confidential. No information will be shared or discussed with anyone prior to an agreed-upon date by the Protocol Chair, HPTN leadership and NIAID. It is imperative that the advisors (and/or study team) have adequate time to carefully consider the data, interpret results and develop key messages for clear and consistent messaging prior to public release. Any study information shared prior to the official release is considered strictly proprietary.

By signing this agreement, I agree to employ all reasonable diligence to prevent disclosure of study results or related information to which I have been granted access to any person or any entity prior to the public release. This confidentiality agreement applies to both site-specific and study-wide data and results.

By signing this agreement, I acknowledge that failure to maintain the trial-related information as completely confidential may jeopardize future public release or publication of the results and their interpretation as well as violate the trust of my colleagues.

By signing this agreement I also agree not so share any findings by a Data Safety and Monitoring Board (DSMB) prior to an agreed upon date determined by the Protocol Chair, HPTN leadership and NIAID.

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Name (printed)

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Signature

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Date (dd/mm/yy)