

Supplementary File 8: Confidentiality and Non Disclosure Statement

As a member of this research team, I understand that I may have access to confidential information about research sites and study participants. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about research sites and participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained during this research that could identify the persons who participated in the research.
- I understand that all information about research sites or participants obtained or accessed by me during this research is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information unless specifically authorized to do so by approved protocol or by the local principal investigator acting in response to applicable law or court order, or public health or clinical need.
- I understand that I am not to read information about research sites or participants, or any other confidential documents, nor ask questions of research participants for my personal information but only to the extent and to perform my assigned duties on this research project.
- I agree to notify the local principal investigator immediately should I become aware of an actual breach of confidentiality or a situation that could potentially result in a breach, whether this is on my part or the part of another person.

_____	_____	_____
Name of researcher	Signature	Date
_____	_____	_____
Name of principal investigator	Signature	Date