

## CUBiMed.RUB Cooperation agreement form

Document version 1.0

The researcher indicated below hereby requests consulting and analysis from the core facility “Core Unit Bioinformatics” at the medical faculty of the Ruhr University Bochum (CUBiMed.RUB), Universitätsstr. 105, 44789, Bochum, Germany. After a completed analysis the results and a documentation of the procedure will be provided. On completion, all users will be kindly asked to fill in a survey. Please refer to our attached **FAQ document** for information on common non-financial considerations for our cooperation. Please also consider the **data privacy policy** regarding the use of your personal data provided in this document.

### Contact data:

Name:

Institution:

Department:

Address:

Phone:

E-mail:

**Description of the project:**

**Project title:**

**Project leader / PI:**

**Is the project/planned analysis part of a consortium?**  Yes  No

**Consortium leader  
(name, institution):**

**Short Project description:**

**Please note:**

- For person-related data the data privacy regulations of the requesting institution (data provider) must be fulfilled. To fulfill our (data receiver) data privacy regulations, data must be at least **pseudonymized** and an **informed consent** of the patient/experimentee about data privacy (e.g., data transfer to RUB) must exist.
- If the requester is not the project leader (e.g., a PhD student), the **project leader/PI has to be informed** about the planned data analysis by CUBiMed.RUB and the resulting data transfer and has to sign this document. If publication of the results is planned in a consortium, the same applies to the **consortium leader** if the project is part of a consortium.
- The cooperation is free of charge. If results from the data analysis are published, our **responsible researcher(s) and the PIs have to be included as co-authors**. Additionally, an **appropriate reference to CUBiMed.RUB is mandatory including the grant number** (example: *“Parts of this work have been supported by CUBiMed.RUB, a scientific infrastructure center of the Medical faculty of the Ruhr University Bochum.”*).

I hereby confirm that I took note of the attached FAQ Document and agree with the above-mentioned conditions and the attached data protection policy of CUBiMed.RUB.

I agree that my contact details are stored for the purpose of communication and cooperation.

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Place, Date    Signature (requester)

\_\_\_\_\_

Place, Date    Signature (Project Leader/PI)

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Place, Date    Signature (Consortium Leader)

**History of Document Versions:**

V1.0: July 2023