# Annex II -- Additional Authorized Investigators

*Version date: April 29, 2020*

Please complete this section to add new authorized investigators to the original Databrary Access Agreement executed for the first user at your institution. You do not need to re-execute the entire Databrary Access Agreement for additional investigators.

NOTE: Do not complete this section for the first Authorized Investigator at your institution, who will instead sign on Page 1 of the full Databrary Access Agreement.

## Acknowledgement by Authorized Investigator

As an Authorized Investigator, I acknowledge that I have read and understand the terms of this agreement.

Name of Authorized Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Approval by Institution

As the Authorized Organizational Representative (AOR), my signature below indicates that I have authority to bind my Institution under this agreement.

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of AOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of AOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_