HOUSTON HEALTH DEPARTMENT

IRC AUTHORSHIP AGREEMENT

The HHD Program Point of Contact (POC) and the researcher have:

Statement	**Yes** If NOT, justification is needed.	**Details/Notes:**
○ Discussed and agreed on types of dissemination products to be created from the data to be shared.		
○ Discussed and agreed on authorship and acknowledgement details for the dissemination products to be created.		
○ Agreed on providing IRC Committee with all final products/reports and other dissemination products.		
○ Agreed on specifics of data sharing ○ (MOUs, MOAs or other)		

Title of Proposed Project _____

Name of IRC Applicant (Researcher) _____

IRC Applicant (Researcher) signature_____

HHD Program Point of Contact/ Assistant Director signature_____

Date _____

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