

Data Use Authorization

Researcher: I agree to and accept the terms and conditions stated herein relating to the use of specimens and/or data requested from the New York State Wildlife Health Program.

Researcher, Title (Print): _____

Researcher, Title (Signature): _____ Date (MM/DD/YYYY): _____

Authorized WHP Representative: I approve the release of **Data** as indicated herein from the New York State Wildlife Health Program to the above-named Researcher with the following additional stipulation(s).

____ No additional stipulation(s).
____ Contact WHP before publication to review and approve data to be published as open source.

Representative of WHP, Title (Print): _____

WHP Signature: _____ Date (MM/DD/YYYY): _____

For WHP use only:

Data Processing details:

I have compiled the approved Data. The following changes were made to the data before transfer:

No changes made: _____

Specimen Shipping details:

Date shipped: _____ Carrier: _____ Tracking number: _____

___ Ice ___ Dry ice Other: _____

WHP Representative (Print): _____

WHP Representative (Signature): _____

Date (MM/DD/YYYY): _____