

1. Principal investigator (PI) completes and submits Form #1 (The Mexican Health and Aging Study Data Request with Genetic Data) describing the aims of the project and the variable(s) needed to perform the statistical analyses.
2. A MHAS genetic committee integrated by investigators from the University of Texas Medical Branch and Columbia University will review the data request and determine if it meets the data use requirements for approval. If the MHAS committee declines the approval of the proposal due to lack of relevant information, the PI will be invited to provide the requested additional information in a resubmission.
3. If the proposal is approved, the PI will complete Form #2 (The Mexican Health and Aging Study Genetic Data Use and Policy Form), in which he/she will be agreeing to all requirements related to adequate data use and protection of human subjects as well as following all instructions for data sharing and publication guidelines.
4. Once Form #2 has been submitted by the PI and approved by the MHAS genetic committee, the PI will have to provide his/her approval of Form #3 (Sensitive Data Access Use Agreement Supplemental Agreement Use Of Sensitive Data From The Mexican Health And Aging Study).
5. Once the PI completes and signs Form #3, the requested MHAS data will be sent to the PI (unique link, with expiration date, and password protected).



**The Mexican Health and Aging Study  
Data Request with Genetic Data  
(Form #1)**

Sealy Center on Aging, University of Texas Medical Branch

301 University Blvd, Galveston, TX 77555-0177

The Mexican Health and Aging Study (MHAS) welcomes research projects using genetic data. Proposals are required for all research projects that use MHAS genetic data. The questionnaire below includes fields for all items needed for a proposal to be reviewed by the MHAS genetic data committee. Please complete and submit the form to Alejandra Michaels-Obregon ([almichae@utmb.edu](mailto:almichae@utmb.edu)). Questions can be sent to Rafael Samper-Ternent ([rasamper@utmb.edu](mailto:rasamper@utmb.edu)), Dolly Reyes-Dumeyer ([dr2290@cumc.columbia.edu](mailto:dr2290@cumc.columbia.edu)) or Rebeca Wong ([rewong@utmb.edu](mailto:rewong@utmb.edu)). IRB approval is required for proposed analyses, and a Data Use Agreement (DUA) is needed (see MHAS data Form #3) to access the MHAS Sensitive Data Access Use Agreement.

A response must be entered in each field below. If the field is not applicable, please enter “N/A”. Please provide as much information as possible in response to each question. You may add additional pages if needed.

We encourage the PI to include a MHAS investigator as part of the proposal who can assist with questions related to the dataset variables and/or interpretation of the results.

**1. CONTACT INFORMATION**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Department

\_\_\_\_\_  
Building Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

2. Title of project: \_\_\_\_\_

3. Research questions and hypotheses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List of variables:

- Predictor variables:

\_\_\_\_\_  
\_\_\_\_\_

- Outcome variables:

\_\_\_\_\_  
\_\_\_\_\_

- Covariables:

\_\_\_\_\_  
\_\_\_\_\_

Genetic data:

\_\_\_\_\_  
\_\_\_\_\_

5. Type of Genetic data requested

- Source (blood or saliva): \_\_\_\_\_
- Type (GWAS, APOE, etc...): \_\_\_\_\_

6. Brief background and rationale for using MHAS data:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List of co-authors:

\_\_\_\_\_  
MHAS Co-Investigator (Optional)

\_\_\_\_\_  
Co-author who will lead analyses

\_\_\_\_\_  
Other co-authors

8. Please briefly describe the population needed for the proposed analyses (Cognitive status, gender, specific genotype):

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9. Describe analytical approach and plan:

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10. Provide date of expected project completion: \_\_\_\_\_

11. References supporting project rationale:

**MHAS Data Use Policy**

Acceptance of MHAS data obligates the recipient to cite/reference the NIA grants supporting this project using the required language as stated in Form #2 (see Publication & Acknowledgements). Should publications result from the use of MHAS data now or in the future, the recipient agrees to notify the PI or the research coordinator (<http://www.MHASweb.org/>) with the reference and PubMedCentral ID# and provide a copy of the publication so that MHAS may report productivity derived from its resources to the funding agencies. These publications require compliance with the National Institutes of Health (NIH) public access policies.

INVESTIGATOR

\_\_\_\_\_  
Signature and Date

***By signing this form, the Investigator certifies that he/she has read the above and agrees to abide by its terms if data is received.***



## Sensitive Data Access Use Agreement Supplemental Agreement Use Of Sensitive Data From The Mexican Health And Aging Study (Form #3)

Sealy Center on Aging, University of Texas Medical Branch

301 University Blvd, Galveston, TX 77555-0177

The Sensitive Data Access Use Agreement permits the Individual User named below to obtain access to the datasets documented in *Attachment A: Sensitive Data Order Form*. A separate agreement must be completed for each User.

Depending on the specific type of data being requested, the Sensitive data form might include different Material Transfer Agreements (MTAs) and/or Data Use Agreements (DUAs) with different institutions. Requests involving genetic data or blood samples will be processed by Columbia University while DNA sample requests will be processed by NCRAD.

In consideration of the MHAS providing access to an MHAS Sensitive Dataset to the User, the Receiving Entity, on behalf of the User, agrees:

1. To make no attempt to identify the persons in this or other MHAS datasets.
2. That if the identify of any person or establishment in this file is inadvertently discovered, then (i) no use will be made of this knowledge, (ii) the Principal Investigator (PI) of MHAS will be advised of this incident immediately, (iii) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by MHAS, and (iiii) no one else will be informed of the discovered identity.
3. To employ the following guidelines when producing tabulations for distribution:
  - Magnitude Data: Ensure that no cells/strata with  $n < 3$  are produced.
  - Frequency Data: Apply a marginal threshold of  $n \geq 5$  and cell threshold of  $n \geq 3$  to all tabulations.
  - Protecting against complementary disclosure: Additional cells may be suppressed, i.e., complementary disclosure, to make sure the primary suppressions cannot be derived by subtraction from published marginal totals.
4. To publish only aggregate statistical summaries of the data and analyses (frequency tabulations, means, variances, regression coefficients, and correlation coefficients), subject to the provisions above.
5. To cite MHAS as the data source in any publications or research based upon these data, and to provide a copy of any publications to the MHAS. The following citation should be included in any research reports, papers, or publications based on these data:

“The MHAS (Mexican Health and Aging Study) is partly sponsored by the National Institutes of Health/National Institute on Aging (grant number NIH R01AG018016) in the United States and the Instituto Nacional de Estadística y Geografía (INEGI) in Mexico. Data files and documentation are public use and available at [www.MHASweb.org](http://www.MHASweb.org). Samples from the National Cell Repository for Alzheimer’s Disease (NCRAD), which receives government support under a cooperative agreement grant (grant number U24

AG21886) awarded by the National Institute on Aging (NIA), were used in this study. The NIA-LOAD study supported the collection of samples used in this study through National Institute on Aging (NIA) grants [grant number U24 AG21886]. We thank contributors who collected samples used in this study, as well as patients and their families, whose help and participation made this work possible.”

6. To store and use this data set (and any data sets derived from it) in a secure computing environment.

## INVESTIGATOR

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Signature and Date

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Typed Name

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Title

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Institution

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Building Address

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Street Address

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City, State, Zip

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Phone

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Fax

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Email



**Attachment A: Sensitive Data Order Form**

Sealy Center on Aging, University of Texas Medical Branch

301 University Blvd, Galveston, TX 77555-0177

**Restricted Data Main Investigator**

**Title**

**Institution**

The MHAS datasets listed below are Sensitive Health Data, and is only available under specific contractual conditions. Submit this form to request access to MHAS Sensitive Health Data. A completed and signed MHAS Sensitive Data Access Use Agreement is required.

Sensitive Data Access Use Agreement:

- Attach completed Agreement to this form
- I will email or mail the Agreement separately

<b>Product</b>	<b>File Name</b>	<b>Description</b>	<b>File</b>
		Genetic Data (2012, 2016)	<input type="checkbox"/>
		Blood (2012, 2016)	<input type="checkbox"/>
		Saliva – Alzheimer’s (2018)	<input type="checkbox"/>



## INVESTIGATOR

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Signature and Date

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Typed Name

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Title

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Institution

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Building Address

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City, State, Zip

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Phone

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Fax

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Email