



**Form #7 (2) Supplemental Agreement
With Research Staff For Use Of
Restricted Data From The Mexican
Health And Aging Study**

Sealy Center on Aging, University of Texas Medical Branch

301 University Blvd. Galveston, TX 77555-0177

Please note that you are to submit one original, signed copy of this document.

The undersigned Research Staff, in consideration of their use of Restricted Data from the Mexican Health and Aging Study (MHAS), agree:

- a. That they have read the associated Agreement for Use of Restricted Data from the Mexican Health and Aging Study, the Research Plan and Restricted Data Protection Plan incorporated by reference into it.
- b. That they are "Research Staff" within the meaning of the Agreement.
- c. To comply fully with the terms of that Agreement, including the Restricted Data Protection Plan incorporated by reference into it.

The undersigned Restricted Data Investigator agrees that the persons designated herein are Research Staff within the meaning of the associated Agreement for Use of Restricted Data from the Mexican Health and Aging Study.

RESEARCH STAFF

RESEARCH STAFF

Signature Date

Signature Date

Typed name

Typed name

Job title/formal affiliation with research project

Job title/formal affiliation with research project

Address

Address

City, State, Zip

City, State, Zip

Email

Email

Phone

Phone

RESTRICTED DATA INVESTIGATOR

Signature

Date

Typed name

Title