**CONFIDENTIALITY AGREEMENT FORM**

From

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**To whomsoever it may concern**

I, Dr/Mr/Ms………………………………………………………………., am undertaking a study titled:

I hereby assure that the data taken will be used only for the approved study and the participant’s information and identity will not be revealed to anybody under any circumstances.

Thanking you,

Yours Sincerely,

Signature of PI:

Signature of Co-investigator/s:

Date: