

UNIVERSITY OF MINNESOTA VETERINARY DIAGNOSTIC LABORATORY FORM	Form
	No.:SYS.FORM.047
	Revision:1
Title: Confidentiality Agreement Form	Approval Date:3/31/2011

CONFIDENTIALITY AGREEMENT

University of Minnesota Veterinary Diagnostic Laboratory

(To be signed by faculty, staff and students of the VDL and individuals with access to the VDL)

I agree to protect the confidential information and proprietary rights of VDL clients (service and research collaborators). I have read, understood SYS.SOP.4.1.003 Confidentiality Procedures for the Veterinary Diagnostic Laboratory and agree to follow the procedures as written.

Signature_____ Date Signed:_____

Employee / non VDL personnel name_____

Job Title_____

Section_____ Email X500 information_____

Supervisor / Principal Investigator _____

☐ Employee added to VDL HR Worksheet (for Admin Use)