

Obtaining permission to access the Indianapolis-Ibadan datasets

1. Click the "Request Access" button:

The screenshot shows a web browser window with the URL `iidportal.medicine.iu.edu/Account/Login`. The page header includes the Indiana University School of Medicine logo and the text "SCHOOL OF MEDICINE". The main heading is "Indianapolis-Ibadan Dementia Project" with a "LOG IN" link to the right. A navigation menu contains links for "ABOUT", "DOCUMENTATION", "DATA SUMMARIES", "DATA ACCESS", "PUBLICATIONS", and "CONTACT US".

The "Login" section features input fields for "Email" and "Password", a "Log in" button, and a "Forgot Password?" link. The "Request Access" section contains the text "Click the Request Access button below to request access to the data." and a prominent red "Request Access" button.

The footer includes the Indiana University School of Medicine logo and text, along with links for "INDIANA ALZHEIMER DISEASE CENTER (IADC)", "IADC DATA MANAGEMENT AND STATISTICS CORE", and "IADC DATA PORTAL". At the bottom, it displays the Indiana University logo and the text "INDIANA UNIVERSITY" followed by "Accessibility | Privacy Notice | Copyright © 2019 The Trustees of Indiana University".

2. Complete all fields of the form:

School of Medicine
iidportal.medicine.iu.edu/Account/RequestAccess

Ψ SCHOOL OF MEDICINE

Indianapolis-Ibadan Dementia Project [LOG IN](#)

[ABOUT](#) | [DOCUMENTATION](#) | [DATA SUMMARIES](#) | [DATA ACCESS](#) | [PUBLICATIONS](#) | [CONTACT US](#)

Request Access

(all fields are required)

Email Address

First Name

Last Name

Institution

Title/Position

Institutional Approver Name

Institutional Approver Email Address

Institutional Approver Title/Position

School of Medicine
iidportal.medicine.iu.edu/Account/RequestAccess

Ψ SCHOOL OF MEDICINE

Indianapolis-Ibadan Dementia Project [LOG IN](#)

[ABOUT](#) | [DOCUMENTATION](#) | [DATA SUMMARIES](#) | [DATA ACCESS](#) | [PUBLICATIONS](#) | [CONTACT US](#)

Request Access

(all fields are required)

Email Address

First Name

Last Name

Institution

Title/Position

Institutional Approver Name

Institutional Approver Email Address

Institutional Approver Title/Position

3. Read and sign the Data Use Agreement, then click the “Send Request” button:

Indianapolis-Ibadan Dementia Project Data User Agreement

By signing this agreement (“Agreement”), the undersigned (“Recipient”) agrees to the following terms and conditions for the use of data (“Data”) provided by Indiana University (“Provider”) that was collected pursuant to a grant funded by the National Institutes of Health (“Sponsor”) Grant # R01 AG09956.

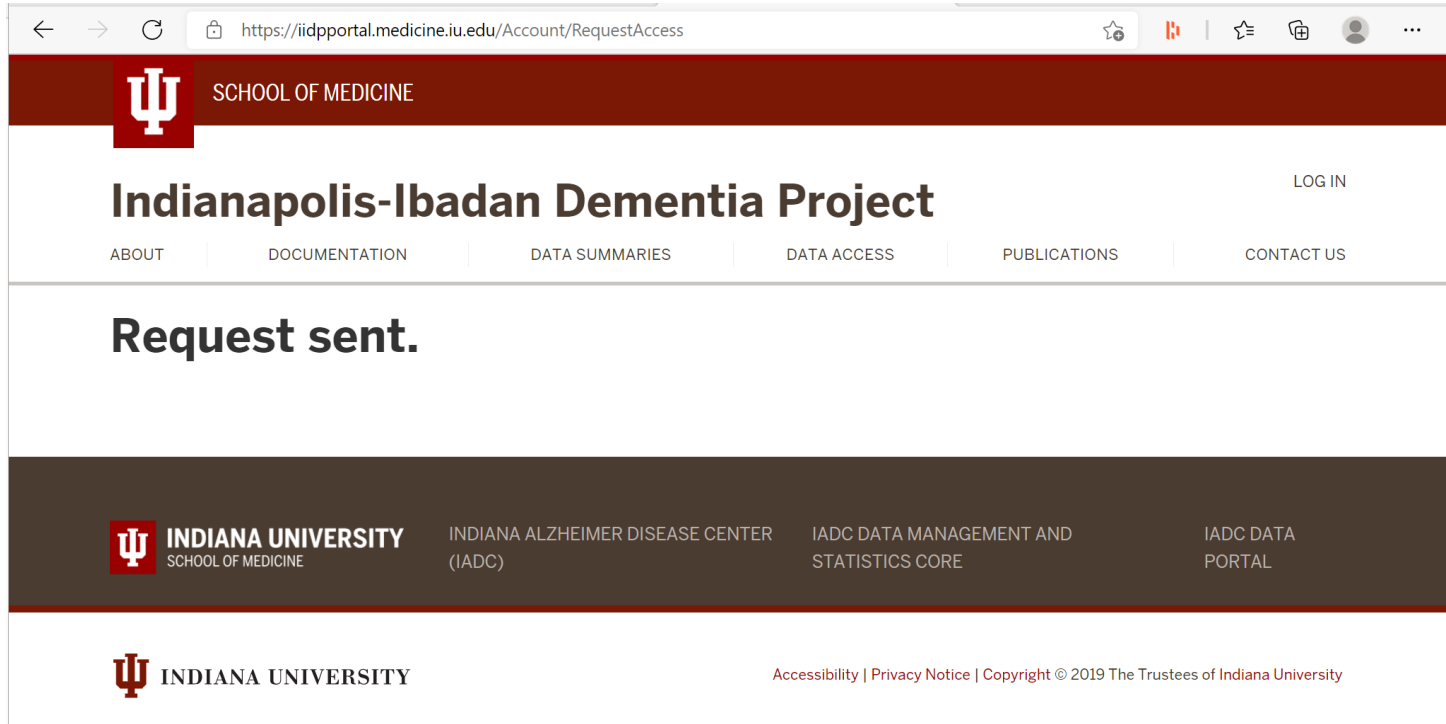
1. Recipient shall not use the Data except as authorized under this Agreement. The Data will be used solely for non-commercial research purposes submitted with this agreement (the “Project”) and solely by Recipient faculty, employees, fellows, and students (“Recipient Personnel”) that have a need to use, or provide a service in respect of, the Data in connection with the Project.
2. Provider shall retain ownership of any rights it may have in the Data, and Recipient does not obtain any rights in the Data other than as set forth herein.
3. Except as authorized under this Agreement or otherwise required by law, Recipient agrees to retain control over the Data and shall not disclose, release, sell, rent, lease, loan, or otherwise grant access to the Data to any third party, without the prior written consent of Provider. Recipient agrees to establish appropriate administrative, technical, and physical safeguards to prevent unauthorized use of or access to the Data.
4. Recipient will not use the Data, either alone or in concert with any other information, to make any effort to identify or contact individuals who are or may be the sources of Data without specific written approval from Provider and appropriate Institutional Review Board (IRB) approval, if required pursuant to 45 CFR 46. Should Recipient inadvertently receive identifiable information or otherwise identify a subject, Recipient shall promptly notify Provider and follow Provider’s reasonable written instructions, which may include return or destruction of the identifiable information.
5. Recipient shall promptly report to Provider any use or disclosure of the Data not provided for by this Agreement of which it becomes aware.
6. Recipient agrees to use the Data in compliance with all applicable laws, rules, and regulations, as well as all professional standards applicable to such research.
7. Upon completion of the Project Recipient shall destroy all copies of the Data in its possession.
8. Recipient agrees to recognize the contributions of Sponsor and the Provider as the source of the Data in all public disclosures concerning Recipient’s research using the Data, as appropriate in accordance with scholarly standards. For written publications, Recipient shall use the following acknowledgement: “Data collection and sharing for this project was supported by the Indianapolis-Ibadan Dementia Project with funding from the National Institutes of Health grants (NIH R01 AG09956) and Indiana Alzheimer’s Disease Center (NIH P30 AG10133).”
9. Except as provided below or prohibited by law, any Data delivered pursuant to this Agreement is understood to be provided “AS IS.” PROVIDER MAKES NO REPRESENTATIONS AND EXTENDS NO WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED. THERE ARE NO EXPRESSOR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULARPURPOSE, OR THAT THE USE OF THE DATA WILL NOT INFRINGE ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER PROPRIETARY RIGHTS. Notwithstanding, Provider represents, to the best of its knowledge and belief, has the right and authority to provide the Data to Recipient for use in the Project.
10. Except to the extent prohibited by law, the Recipient assumes all liability for damages which may arise from its use, storage, disclosure, or disposal of the Data.
11. Neither party shall use the other party’s name, trademarks, or other logos in any publicity, advertising, or news release without the prior written approval of an authorized representative of the affected party.
12. The undersigned authorized official of Recipient expressly represents and affirms that the contents of any statements made herein are truthful and accurate and that s/he is duly authorized to sign this Agreement on behalf of Recipient.

Do you agree to the Data User Agreement?

Enter your initials above, if you agree.

Send Request

- The account request will be sent first to your institutional approver, and second to an Indianapolis-Ibadan Dementia Project approver:



The screenshot shows a web browser window with the URL <https://iidportal.medicine.iu.edu/Account/RequestAccess>. The page header features the Indiana University School of Medicine logo and the text "SCHOOL OF MEDICINE". The main heading is "Indianapolis-Ibadan Dementia Project" with a "LOG IN" link to the right. Below the heading is a navigation menu with links for "ABOUT", "DOCUMENTATION", "DATA SUMMARIES", "DATA ACCESS", "PUBLICATIONS", and "CONTACT US". The central content area displays the message "Request sent." in a large, bold font. The footer contains the Indiana University School of Medicine logo and text, along with links for "INDIANA ALZHEIMER DISEASE CENTER (IADC)", "IADC DATA MANAGEMENT AND STATISTICS CORE", and "IADC DATA PORTAL". At the bottom, there is a copyright notice: "Accessibility | Privacy Notice | Copyright © 2019 The Trustees of Indiana University".

- When both of those approvals have occurred, you will get an e-mail with a link for creating your password and logging in to access the datasets.