

# Laboratory Research Confidentiality Form

## Research Project Details

Project Title

Principal Investigator

Laboratory/Department

## Confidentiality Statement

I acknowledge that during my involvement with the above research project, I may have access to confidential and/or proprietary information. I agree not to disclose, copy, or use any such information except as necessary in connection with my work on this project, and only under the direction and authority of the principal investigator or laboratory supervisor.

## Personal Information

Full Name

Position/Role

## Agreement

I have read and understood this confidentiality agreement and agree to comply with its terms and conditions during and after my involvement with the specified research project.

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Signature

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Date