



Tasmanian Longitudinal Health Study (TAHS): History, funding, data access, publication policy and investigator contributions

Developed by the TAHS Steering Committee

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TAHS history, funding mechanisms, lead investigators and change of institutions

The Tasmanian Longitudinal Health Study (TAHS) is a national collaborative study based at the University of Melbourne. Professor Shyamali Dharmage, the current TAHS principle investigator, chairs the TAHS Steering Committee and oversees the study. This study, started in Tasmania in 1968 and became a national study as the participants migrated to other states. The history of the study and the change of leadership/institutions are briefly outlined below. The details of the team and funding mechanisms are provided on page 4 under Policy for accessing TAHS resources & publications arising from use of resources of TAHS.

1. Heather Gibson was the pioneer of the Tasmanian Longitudinal Health study (TAHS), which was originally known as the Tasmanian Asthma Survey. The baseline survey was conducted in 1968 by Heather Gibson, Bryan Gandevia and Harold Silverstone and based in the Department of Health Services. Heather Gibson (1919-2005) studied Medicine at the University of Melbourne and became a leading figure in the establishment of the School Medical Service in Tasmania through which TAHS was run. Bryan Gandevia (1925-2006) studied Medicine at the University of Melbourne and became a respiratory physician and medical historian. He joined the team while working in the Department of Respiratory Medicine, University of NSW. Harold Silverstone (1915-1974) graduated in statistics from the University of Otago, New Zealand and University of Edinburgh, United Kingdom. He joined the TAHS team whilst working in Medical Statistics at the Queensland University. The baseline study involved a survey of 8,500 (probands) schoolchildren born in 1961 (with lung function testing on every one), survey of their siblings (~17,000) and a survey of their parents (~17,000). This was conducted under the auspices of Tasmanian Asthma Foundation, funded by the Department of Health Services and run by the school medical officers and school health nurses.



Dr Heather Gibson

2. In 1974 the original team was joined by Graham Hall who followed up all 8,500 probands through the Tasmanian School Medical Service and performed lung function testing on a sample of 850 children stratified by their baseline respiratory symptoms.



Dr Brian Gandevia

3. Graham Giles did a PhD in 1976-80 that included analysing data from TAHS. TAHS was transferred to the University of Tasmania where Graham Giles joined Norelle Lickiss, Head of Community Medicine who conducted the 1979 study. This involved a survey of 850 probands (lung function testing of 250) funded by the Lions Clubs in Tasmania through Tasmanian Asthma Foundation.

4. TAHS was then transferred to the University of Melbourne when Graham Giles moved to Victoria. John Hopper and Graham Giles converted all 1968 data onto electronic media in early 1990s (funded by the Asthma Foundation of Victoria) and conducted survey of 1,500 probands in 1992 and another survey (and skin prick testing) of 60 asthma rich families in 1996. Mark Jenkins did his PhD using the 1992 study and joined John Hopper to run the 1996 study. Both 1992 and 1996 studies were funded by the NHMRC.

5. In 2001 John Hopper and Graham Giles handed over the leadership of the TAHS to Shyamali Dharmage. After forming collaborations with Haydn Walters (University of Tasmania) and Michael Abramson (Monash University) who was also an investigator of the 1996 TAHS grant and establishing a network of clinical investigators to oversee testing in ten centres across six states, we (Prof Dharmage and the team) commenced the 36 year follow-up. The first step was to start tracing all 45,900 who

participated in the original survey. We also computerised the 1974 and 1979 data, school medical records of 8,500 probands and birth records of ~3,000 probands.

From 2003-2008, we completed a survey of all traced probands and lung function testing, immune profiles and genetics on 1500.

In 2010, a survey and clinical study of a sample of probands were conducted.

From 2007-2012, we conducted a survey of all traced siblings (lung function testing and genetics on 2000) and all traced parents.

In 2012, we conducted a survey and clinical examination of the original 1968 cohort. These studies were/are mainly funded by the NHMRC. The other funders were Asthma Foundations of Tasmania, Victoria and Queensland, Clifford Craig Foundation, Royal Hobart Research Foundation, Sypkes Trust, Helen McPherson Smith Trust, GSK and The University of Melbourne.

In 2020, targeted biomarkers and whole genome sequencing were funded by GSK and Astra Zenica

In 2021, TAHS 7th decade follow-up was funded by the NHMRC, which will commence in 2022. This follow-up will include surveys, clinical study that will include spirometry, Feno, FOT and CT images and linkages to health administrative databases.

Since 2001 TAHS has been awarded over ~ \$ 20 million including grants, fellowships and scholarships. To date, 10 honours students, 12 PhD students and 8 postdoctoral research fellows have completed their research within TAHS and there are currently 7 PhD students.

Current governance structure, collaborations and partnerships

The TAHS continues to be based at the University of Melbourne with Shyamali Dharmage as the current principal investigator and has now expanded into a national collaborative program. The respiratory project is a partnership between the University of Melbourne, Menzies Research Institute, Monash University, Universities of Queensland, NSW and WA, administered jointly by the University of Melbourne and MRI, co-directed by Shyamali Dharmage and Haydn Walters. Although originally a study of respiratory disease, because of the population-based nature of the cohort, the length of follow-up the and the opportunities for a general health study, TAHS research is now extending to other areas such as breast cancer, eye disease and social science. TAHS is managed by a steering committee that is responsible for developing policies related to access to data and biospecimens, authorship and expansion of research into other areas.

Policy for accessing TAHS resources & publications arising from use of resources of TAHS

The 36-year follow-up of the TAHS is a population-based longitudinal study of chronic respiratory diseases (CRDs) established in 2002-2003 by Professor S Dharmage (SD), Professor E H Walters (EHW), Professor J Hopper (JH), Professor M Abramson (MA), Associate Professor D Johns (DJ) and A/Prof M Jenkins (MJ) as chief investigators (CIs), and Dr J Markos (JM), Dr A Venn (AV), Dr G Beneke (GB) and Professor G Giles (GG) as associate investigators (Ais). This has three stages i.e. establishing contact details for all 45,900 people who were first investigated in 1968, follow-up of the probands and follow-up of the family members of the probands. Subsequently probands were followed up twice. In addition, using the biospecimen collected within the follow-ups, a number of biomarkers were assayed. A number of new investigators joined for the subsequent follow-ups and the biomarker studies, and they are listed under each section

A. Funding to establish and conduct the first two stages of the 36-year follow-up, enter data of two past surveys (1974 and 1979-1981) and streamline the past TAHS resources has come from grants from The University of Melbourne 2002 (\$10,000) (CI:SD), John Hopper's discretionary funds 2002 (\$20,000), The University of Melbourne 2003 (\$50,000) (CI:SD), Victorian Asthma Foundation 2003 (\$20,000) (CI:SD, JH, MJ), Helen Macpherson Smith Trust 2003 (\$32,500) (CI: SD,MJ), Royal Hobart Hospital 2003 (\$15,000) (CI: EHW, SD) Clifford Craig Foundation 2004-2006 (\$98,000) (CI: EHW, JM, SD), GSK \$170,000 (CI EHW, SD), The University of Melbourne \$32,000 (CI: Dr Melanie Matheson (MM), Tasmanian Asthma Foundation 2007 (\$50,000) (CI EHW, SD) and NHMRC 2004-2006 (\$350,000) (CI: SD, MJ,EHW,DJ,MA AI: AV,GB,GG,JH).

B. Funding to establish and conduct the follow-up of the siblings members of the TAHS cohort was awarded by the NHMRC (Project Grant #454425 2007-2009 \$850,000) with the following investigators CIs: SD, JH, EHW, MM, MA, Dr Graham Byrnes; and Ais: Prof Lyle Palmer, Dr Stephen Morrison, Dr Ian Feather, A/Prof Richer Wood-Baker, GB, Mr Chris Schroen.

C. Funding to establish and conduct the BHR study of a subsample the TAHS probands was awarded by the NHMRC (Project Grant #566931 2009-2011 \$572,975) with the following investigators CIs: SD, EHW, MA, Ass Professor Paul Thomas, Dr Bircan Erbas, MM, DJ; and Ais: SM, RWB, IF, GB, Dr Justin Walls. Clifford Craig Foundation (2007-2009 \$76,000) (CIs: JM, SD, EHW, MM).

D. Funding to establish and conduct Parents Study has been awarded by NHMRC (Project Grant #628513 \$299,800 2010-2012) with the following investigators CIs: MM, SD, JH, JD, Dr Adrian Lowe; and Ais: MJ, MA, EHW, Dr George Vargos, Prof Melissa Southey.

E. Funding to establish and conduct 6th decade follow-up has been awarded by NHMRC (Project Number #1021275 \$1,900,000 2012-2015) with the following investigators CIs: SD, EHW, MM, MA, Dr G Hamilton, Dr Lyle Gurrin, DJ, PT; Ais: JH, Dr Jennifer Perret, Dr John Burgess, Professor Katie Allen, Professor Peter Frith, Professor Alan James, GB, RWB, SM, MS)

F. Funding for biomarker work for TAHS has come from the following sources: Cytokines – Perpetual Trust \$90,000 (CI SD, MM); CC16 – Uni of Melbourne \$40,000 (CI Caroline Lodge); CRP-Uni of Melbourne \$40,000 (CI Jennifer Perret); Vit D- Uni of Melbourne \$40,000 (CI Gayan Bowatte); sRAGE-Uni of Melbourne \$40,000 (CI Dinh Bui); Fibrinogen, ECP, sRAGE, SP-D and short chain fatty

acid (SCFA) -GSK (CI SD, EHW,DB,MA, AL, CL, JP, Raisa Cassim)

G. 7th decade follow-up is now funded by NHMRC (Project Number APP2000404 2.9 million 2022-2026) with the following investigators CI: SD, MA, EHW, JP, George Washko, Greg King, RW, PT GH, DB, AI: Alvar Agusti, Christine McDonald, Kerry Hancock, Don Vicendese, Raul San Jose Estepar, AL, CL, Alan James, Iain Feather, Meilan Han

To date, the core data of the TAHS probands has been acquired between 2003 and 2018. The features are:

- it is population-based study
- Information has been and will be collected using: a postal survey, phone surveys, laboratory questionnaire, work history calendar
- Measurements of lung function and lung volumes have been collected
- Measurements of skin prick testing to relevant allergens have been collected
- Blood has been collected, processed and stored in the Laboratory of Professor Melissa Southey in the Department of Pathology, The University of Melbourne.
- All above data, plus data generated by studies using this material will be stored in the Allergy and Lung Health Unit, Epidemiology and Biostatistics Unit, School of Population and Global Health, The University of Melbourne

Instructions for using TAHS resources including past surveys and publications arising from the use of these resources:

1. TAHS biological specimens for any study need to be justified and Prioritized and applications to use biological specimens will be assessed by the TAHS steering committee.
2. Researchers who want to use TAHS biological specimens or TAHS data must understand that the work is to be performed in collaboration with TAHS CIs, and that they must seek and obtain formal approval from the TAHS CIs, and that studies are restricted to those that make use of the TAHS's epidemiological design.
3. Researchers who are given access to TAHS biological specimens and data are accountable not only to their funding bodies, but also to the bodies that funded the establishment and enhancement of the TAHS, and to the investigators of the TAHS who conceived, established and maintained this resource. Thus they are obliged to use the materials only for the designated purposes, unless further permission is sought and granted, to do so in a timely manner, and to publish the findings and their interpretations in collaboration with the TAHS Steering Committee.
4. Maintaining the reputation and standing of the TAHS resource is critical. TAHS Steering Committee, therefore, have an obligation to ensure the highest standards, consistency and credibility of studies using the TAHS resources, and reserve the right to participate in the preparation, analysis, interpretation, writing and approval of all papers using the TAHS resource, and to be offered authorship consistent with the Vancouver Guidelines.
5. Researchers given access to TAHS biological specimens and data are required to follow the data security and privacy requirements of the study, their institutions, and the National Health and Medical Council of Australia. Additionally, data/specimens provided to the researcher must not be shared with any other person unless further consent has been obtained from the study investigators.
6. Given that her contribution would be sufficient to be accorded authorship under the Vancouver Guidelines, SD shall be the "author responsible for correspondence", or in the terminology of some journals, "responsible author", on all papers using the TAHS resource, except when the first author is a current member of Unit of Epidemiology and Biostatistics, in the School of population and Global Health. In situations when the TAHS data is part of a larger national or international study or meta-analysis then SD will be the point of contact for the TAHS SC but may not be "Responsible" or "Corresponding" author. This does not imply any particular authorship position, which should be negotiated for each paper.

By "author responsible for correspondence" it is understood that, unless otherwise negotiated, all papers that use TAHS material must be submitted through SD so that:

- The paper's progress can be monitored,
- The paper's compliance with TAHS publication policies can be assured,
- Descriptions of the study across publications is consistent,
- The statistical analyses are approved by SD, and
- All publications arising from the TAHS are accumulated centrally to assist in meeting reporting obligations to all granting bodies.

From time to time, the formal position of the author responsible for correspondence may be negotiated with another senior author. In particular, should SD not make a contribution sufficient under the Vancouver Guidelines for her to be an author, the other authors shall choose an appropriate author responsible for correspondence. Assignment of another author responsible for correspondence should be made subject to commitments to ensure that the quality and tracking of the paper described above can be guaranteed.

Whoever is the author responsible for correspondence, he/she must undertake to forward correspondence from the journal to the other authors, and to co-ordinate their responses to the editor's and reviewers' comments. He/she must also undertake to forward correspondence from external researchers to the relevant authors, and to do so in a timely manner.

To facilitate the above and to ensure that authorship is always consistent with the Vancouver Guidelines, all potential authors for a given paper will be offered authorship subject to the satisfactory completion of a pro forma, (see example attached below) sent to them by SD in collaboration with the other senior study investigators, that asks for a structured description of their contribution. Final decisions on authorship shall be made by SD, unless this is over-ridden by the TAHS Steering Committee.

TASMANIAN LONGITUDINAL HEALTH STUDY

STATEMENT OF AUTHORSHIP

Names of all authors: _____

Title of work: _____

Will be submitted to:

Date:

I certify that I (name)(_____)

have made a substantial contribution to this work; specifically to

(initial (a) to (d) as appropriate)

(a) conception and design of the study

, _____

or

(b) design of analytical methods and analysis and interpretation of data;

and to

(c) drafting the article or revising it critically for important intellectual content; _____

and

(d) I have approved the final version and am able to take public responsibility for it. _____

My contribution to (a) and/or (b) was:

I further certify that I have not entered into any agreement that could interfere with access to data on the research, nor upon my ability to analyse the data independently, to prepare manuscripts and to publish them. _____

OR

I have the following conflict of interest: _____

AND

I confirm that I know of no other potential authors of the publication and that all appropriate acknowledgments have been made.

Signed: _____ Date: _____

Contributions to TAHS & publications arising out of follow- up studies of the probands, siblings and parents

(To be read in conjunction with the TAHS resource access and publication policy above)

This document is drafted by S C Dharmage and approved by the TAHS steering committee (TSC) and the other contributors. The contributions are recorded to assist SC Dharmage (author responsible for correspondence as per publication policy of TAHS) to propose the co-authorship and the order of the co authorship of TAHS papers. Final decision on the co-authorship will be made by the TSC.

Potential co-authors of the publications arising out of the different study components are listed below. A plan of each paper will be distributed to these contributors offering co authorship. They are expected to notify the first author of the publication if they are happy to be a co-author. No response will be taken as not willing to co-author unless negotiated later with the first author. In order to satisfy the requirement for contribution to writing, they are expected to contribute to all circulated drafts (at least 3 working drafts when 3 or more drafts are circulated) by the deadlines set by the first author of the publication (or negotiate another time line with the first author) and approve the final draft. First author will set time lines, circulate the drafts and send a reminder before each deadline. Similar to the above non-response at this stage will be taken as not willing to continue as a co-author unless negotiated later with the first author.

Publications arising out of the 2004 Proband study, BHR Study, Sibling Study, Parents Study and the 6th Decade Follow-up (which may also include past surveys)

Potential co-authors are listed in alphabetical order (offer of authorship and the order of authorship for each paper will vary depending on the contribution to each study and to each paper)

1. MJ Abramson: provided input to the design of the 2004 Proband Follow-up, assisted in obtaining funds to conduct the 2004 follow-up. He played a similar role in Sib Follow-up, BHR study, the 6th decade follow-up and the 7th decade follow-up.
2. KJ Allen: provided input to the design of the 6th decade Follow-up, assisted in obtaining funds to conduct the study and provided input on the food allergy component. KJA also provided input to the food allergy component in the BHR study.
3. G Bowatte: Obtained funds as the lead and got vitamin D measured in the samples that have already been collected in the 5th and 6th decade follow-ups
4. DS Bui: Developed the lung function trajectories; Obtained funds as the lead to measure s-rage levels in the samples that have already been collected in the 5th and 6th decade follow-ups. He provided input to the design of the 7th decade proband Follow-up and assisted in obtaining funds
5. J Burgess: Provided input to the design, funding applications and conduct of the BHR study, Sibling study and the 6th decade follow-up. Developed and managed the BHR database.
6. SC Dharmage: Designed and obtained funds to conduct the 2004 Proband follow-up, Sib Follow-up, BHR study, 6th decade follow-up and 7th decade follow-up. Led the conduct of all these

studies. Also designed and obtained funds to measure Cytokines and a number of biomarkers (Fibrinogen, ECP, sRAGE, SP-D, short chain fatty acid (SCFA)), EWAS, exome sequencing and gene arrays in samples that have already been collected within the studies that she has led. Provided input to the design of the Parents Follow-up and assisted in obtaining funds for it. Was responsible for accessing and computerizing 1974 and 1979 follow-ups, School Medical Records.

7. J Dowty provided input to the design, funding application and conduct of the Parents Study

8. B Erbas: Provided input to the design and funding application of the BHR Study.

9. P Frith: Provided input to the design and funding application of the 6th decade follow-up.

Supervised data collection in WA laboratory studies for the 6th decade follow-up;

10. L C Gurrin: Provided input to the design and funding application of the 6th decade follow-up, provided input to the design of the sibstudy design in terms of sample selection

11. G Hamilton: Provided input to the design and funding application of the 6th decade follow-up and 7th decade follow-up. Responsible for the conduct of the sleep component within the TAHS. Supervised lab studies in the Monash Medical Centre in the 6th decade follow-up.

12. J Hopper: provided input to the design of the 2004 proband follow-up, Sib Follow-up, BHR study, 6th decade follow-up and the Parents Study, and assisted in obtaining funds to conduct these studies. He also designed, obtained funds for and supervised the 1992 study.

13. A James: Provided input to the design and funding application of the 6th decade follow-up. Supervised data collection in WA laboratory studies for the 6th decade follow-up

14. M Jenkins: provided input to the design of the 2004 follow-up and the |BHR study, assisted in obtaining funds to conduct these studies. Also coordinated the 1996 Asthma Rich Family study.

15. D P Johns: provided input to the design of the 2004 follow-up, assisted in obtaining funds to conduct the 2004 Proband follow-up, sib follow-up, BHR study and 6th decade follow-up. Responsible for quality control of lung function testing in all these follow-ups

16. C Lodge: Obtained funds as the lead and got the CC16 levels measured in the samples that have already been collected in the 5th and 6th decade TAHS follow-ups. Provided input to the design and the funding application of the 7th decade follow-up.

17. AJ Lowe provided input to the design, funding application and conduct of the Parents Study, 6th decade follow-up and 7th decade follow-up. Supervised the student who conducted EBC laboratory assays of the EBC samples that have already been collected in the BHR study

18. MC Matheson: Data cleaning, management, maintenance of data dictionaries and quality control of the data collected in the past and current studies of the TAHS. Provided input to the design of the |BHR study, Sib Study and the 6th decade follow-up, and assisted in obtaining funds and co-lead the conduct of these studies. Also designed and obtained funds for the Parents Study and led the

conduct of the Parent Study. Also, initiated the extraction of birth details of the cohort.

19. J Perret: obtained funds as the lead and got the CRP levels measured in the samples that have already been collected in the 5th and 6th decade follow-ups. Developed Z scores and percentiles for lung function data collected since 1968, incorporated sleep component to TAHS, provided input to the BHR study and to the design and funding application of the 6th decade follow-up and 7th decade follow-up.

20. Francisco Real: designed and led the application on Menopause and Respiratory Health (of which the TAHS was part of) to the Norway Research Council and obtained funds to measure a number of sex hormones in bio specimen of women participated in the 2004 proband follow-up and BHR study.

21. Kai Triebner: conducted all the sex hormonal assays including quality control measures for the study of Menopause and Respiratory Health

22. P Thomas: provided input to the design and the funding application of the BHR study, the Sibling Study, the 6th decade follow-up and the 7th decade follow-up, and supervised all the lab studies in NSW (including the 2004 proband-follow up) where 8% of the lab studies were conducted

23. EH Walters, provided input to the design and the funding application of the 2004 follow-up, BHR Study, the Sibling Study, 6th decade follow-up and 7th decade follow-up, and supervised the lab studies in Tasmania where 70% of the lab studies were conducted.

24. R Wood-Baker: provided input to the design and the funding application of the 2004 follow-up, BHR Study and the Sibling Study, and supervised the lab studies in Tasmania where 70% of the lab studies were conducted.

Potential co-authors for specific papers:

1. M Southey: Responsible for the bio repository of TAHS. Publications that include data derived from bio specimen

2. G Benke: provided input to the design of the occupational design of the 2004 follow-up and supervised analysis of occupational data: publications arising out of the occupational component

3. S Morrison: assisted in obtaining funds for QLD lab studies and supervised data collection in RBH (5% of lab studies) publications that include QLD data

4. I Feather: Supervised data collection in Gold Coast Hospital (5% of lab studies): publications that include QLD data

5. B Thompson: Supervised data collection in Alfred Hospital (10% of lab studies) for all the laboratory studies; publications that include VIC data

6. G Giles: GG & JH computerised the 1968 data. GG was a CI of the 1992 study grant, and

contributed to the 1992 study design and conduct: publications that include 1968 and 1992 data.

7. J Carlin: Was a CI of the 1992 study grant, contributed to the 1992 study design: publications that include 1992 data.
8. S Harrap and Glen Bowes: Were CIs of the 1996 ARF study and have contributed to the 1992 study design: publications that include ARF 1996 data
9. Statisticians: Statisticians or postgraduate students involved in the analysis of data will be offered co authorship. The order of authorship will vary depending on the contribution. The first author, last author and S Dharmage (author responsible for correspondence) will make this decision based on the contribution and this will be approved by the TSC.
10. J Markos (assisted in obtaining funds for the northern Tasmanian study component of the 2004 proband follow-up and the BHR study.

Who should be listed under acknowledgement section?

Acknowledgements for the postal survey:

NDI, transport Dept data base, Electoral rolls, etc,

Acknowledgements for the lab study:

All the past researchers (H Gibson, B Gandevia, H Silverstone and N Lickiss) and TAHS participants. All the study site co-ordinators, testing scientists, research interviewers and data entry operators.

How should the contribution section be written?

An example of the author contributions paragraph for the TAHS from Perret JL et al. The Interplay between the Effects of Lifetime Asthma, Smoking, and Atopy on Fixed Airflow Obstruction in Middle Age. American Journal of Respiratory and Critical Care Medicine. 2013;187(1):42–48.

Author Contributions: Study concept and design: S.C.D., E.H.W., M.J.A., D.P.J., G.G.G., J.L.H. Acquisition of data: S.C.D., R.W.-B., E.H.W., M.J.A., M.C.M., P.S.T., I.F., J.M., S.M., J.M., D.P.J., J.A.B. Analysis and interpretation of data: J.L.P., S.C.D., C.F.M., L.C.G., M.J.A., E.H.W. Drafting of the manuscript: J.L.P., S.C.D., M.J.A., E.H.W. Critical revision of the manuscript for important intellectual content: all authors. Statistical analysis: J.L.P., S.C.D. Obtained funding: S.C.D., E.H.W., J.M., S.M., M.J.A., D.P.J., J.L.H. Administrative, technical, and material support: S.C.D. Study supervision: S.C.D., E.H.W., M.C.M., D.P.J., M.J.A.

Intellectual property agreement for those conducting research using data provided by the Tasmanian Longitudinal Health Study (TAHS)

This document sets out the terms and conditions that will form the basis of the relationship between research students/researchers and the Tasmanian Longitudinal Health Study (TAHS), which starts when an offer of a place to conduct research within TAHS is accepted.

I _____ wish to conduct research using data held within the Tasmanian Longitudinal Health Study (TAHS). I may extend my work to collect additional data either using the existing variables or contacting TAHS participants. All the new work will be submitted for the approval by the TAHS Steering Committee.

I acknowledge that I have read and understood the data access and publication policy documents one and two outlining the guidelines on data access and publications as set out by the TAHS. I agree to comply with the requirements set out in those policies.

In addition to these policies, I have also been made aware of the following additional points regarding any intellectual property that I create while using this data:

- When using this TAHS owned data, I agree that I will be obliged to contribute any additional variables that I create during my research back to TAHS and data that will be collected from the TAHS participants, which are deemed to be of use to TAHS and its affiliated researchers.
- If my intellectual property (IP) (i.e. the newly created variables) are used in any future research I will be offered the status of authorship that reflects the degree of use of my IP in any future research.
- This IP will only be distributed to TAHS affiliates at the discretion of the TAHS steering committee and my consent does not need to be obtained in each instance.
- I understand that the contribution of such new IP in this way helps to advance the progress and utilization of TAHS data to its maximum potential. With the inclusion of new IP over time, the growth of the TAHS dataset will ensure that a more robust dataset will be available for future research.

Signed _____ Date _____

Supervisors name and affiliation: _____

Supervisor's signature _____ Date _____

On Behalf of the TAHS Steering Committee
PI of the TAHS: Professor Shyamali Dharmage

PI's signature _____ Date _____