The American Burn Association collects and maintains data in the Burn Care Quality Platform (BCQP). The National Burn Repository (NBR) is a data warehouse of burn-related data voluntarily reported by participating burn centers. THE DATASET DOES NOT REPRESENT A POPULATION BASED DATASET.

Use of any information from these data in written educational materials, verbal presentations, or on any website must include a prominent credit line, to read as follows:

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Specific Terms of Agreement
Permission is granted to use said information from the NBR provided the Requester agrees:

1. To treat the information received from the American Burn Association as protected health information in compliance with HIPAA.
2. Not to transfer the information to third parties without the written approval of the American Burn Association.
3. That all information received under the provisions of this Agreement may only be used for the purpose(s) described in the submitted proposal; i.e., quality improvement, medical education, patient education, advocacy, or other burn care-related activities.
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6. To indemnify the American Burn Association from any and all liability, loss, or damage suffered as a result of claims, demands, costs, or judgments arising out of the failure of Requester or those acting in connection with Requester to conform to and obey the provisions set forth in this Agreement.
7. To notify the American Burn Association of any publication or use of the data, text, tables, or figures, including in any related technology licenses or sponsored research agreements.

The Requester's obligations hereunder shall remain in full force and effect and survive the completion of the Requester's defined project described herein above. The terms of this Agreement shall be binding upon the Requester and the organization through which his/her project is conducted. A copy of the final printed material must be forwarded to ABACentralOffice@ameriburn.org.

Accepted By_____________________________ Date______________

Print Name______________________________

Title______________________________

Organization __________________________