

Lilly Innovation Fellowship Award (LIFA)

Privacy Notice and Consent Regarding the Lilly Innovation Fellowship Award (LIFA)

Eli Lilly and Company Discovery Research routinely enters into contractual agreements with external researchers and health care professionals where is necessary to collect personal information. These professional relationships are an essential part of doing business, and in many cases provide an important means of research exchange opportunities.

How Lilly Will Use Your Personal Information?

In this instance, Lilly will use the personal information that you have provided on the LIFA Application, in part, to determine LIFA funding. Lilly will use your personal information to ensure compliance with certain laws and regulations and, in accordance with Lilly's normal auditing practices and procedures, your curriculum vitae (CV) or BIO may also later be selected and reviewed by Lilly's internal corporate audit department or its external auditors. The personal information about you will include information such as your name, contact details, and a copy of your CV and/or BIO. It is Lilly's policy to obtain your consent to collect and process your information for this purpose.

Please note that your personal information will be maintained by Lilly, but will not be used for any purposes, other than those specified in this notice. Access to this information will be available to relevant Lilly employees and the employees of its business partners, but only those whose work reasonably requires access in order to fulfill the purposes stated in this letter.

Your personal information will be stored in the United States, which does not have comprehensive privacy laws like those in the European Union, however Lilly will secure this information using reasonable protections wherever it may be located.

Opt-Out Process

Should you wish to access or, if incorrect, amend or delete the personal information Lilly holds pertaining to you, please send an email to the following address: LIFA@lilly.com. At any time, you may opt out of Lilly's use of the data for the above mentioned purposes. Unfortunately, if you opt out, Lilly will not be able to contract with you for future services. You can opt out, at any time, simply by submitting a request to LIFA@lilly.com. We will process your request as expeditiously as possible.

If you have any specific questions on how your personal information is handled by Lilly or you require any additional information, please call me at (317) 277-2463.



Please retain a copy of your signed consent for your records. Thank you for your prompt attention to this matter.

Sincerely,

Jikesh Shah
Consultant – Starategic Sorucing

By signing below, I acknowledge that I understand the manner in which my personal information will be processed by Lilly and its business partners as set forth in this letter and I am agreeing to such processing.

Name:

Address:

Title:

Signature

Date

Process to Request Changes or Deletion of Your Personal Information:

Please retain a copy this signed consent form for your records. In the event that you wish to access, change or delete any of your personal information maintained by Lilly this form will be used to verify your identity. To initialte the process please provide a copy of this form and also complete the form below and return to Lilly.

Name: _____
(please print or type)

Institution: _____



Are you requesting:

- A copy of the personal information we hold about you
- Correction of any errors in that personal information (please provide details)
- Removal of personal information from our records (please provide details)
- Revocation of the consent given to use personal information (please provide details)

Details for Revocation:

Please describe in detail the information you are requesting.

Declaration to be completed by all applicants

Please note that any attempt to mislead may result in prosecution.

I....., certify that the information given on this application form to Eli Lilly and Company is true. I understand that it is necessary for the company to confirm my identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signature:

Date:

Directions for Submission:

1. Please sign and scan this form and return along with your original Privacy Consent Form
2. E-mail the scanned copy to lifa@lilly.com
3. Someone from our office will contact you upon receipt of this application to discuss your request.

