

Application to Receive a Limited Data Set for Research

Protocol # Principal Investigator: '

Phone: Fax: E-Mail: ''

The IRB may approve the use and disclosure of a limited data set for research purposes if the person who would use or receive the limited data set has a signed the hospital's Data Use Agreement.

The limited data will be created set by removing the direct identifiers of each individual and the individual's relatives, employers or household members. These direct identifiers are listed below. Investigators should indicate in the spaces provided which information they are requesting and describe the proposed research use of the information.

- Names (individual, employer, relatives, etc.)
- Address other than town or city, state, and zip)
- Telephone numbers
- Fax numbers
- Social Security numbers
- E-mail addresses
- Medical record numbers
- Health Plan Beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle Identifiers and Serial numbers (e.g., VINs, License Plate numbers)
- Device Identifiers and Serial Numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric Identifiers (e.g. finger or voice prints)
- Full face photographic images and any comparable images

A limited data set may, however, contain birth dates, treatment dates, admission and discharge dates and geographic identifiers (but not specific street addresses).

Please describe the research project and the information that you wish to access and use as part of a limited data set for this research project:

List all persons or categories of persons (e.g., members of my research staff) who will use this limited data set for the research purpose described above:

Investigator's Assurances

I assure the IRB that the information that I obtain in the limited data set described above will be used only for the research purpose described above, and not re-used or further disclosed except as required by law or permitted by the hospital's Data Use Agreement. I further assure the IRB that the information requested is necessary for my research project, and that neither I nor any member of my research staff or team will use the data to attempt to re-identify the subjects of the data..

Investigator's Signature _____ Date _____

Research may not be initiated prior to IRB receipt of the Data Use Agreement signed by the Principal Investigator.

Approved by: IRB Director/IRB Chairperson

Name: _____ Date: _____

Signature: _____