To request Research Data Certification, please complete this form and email it to [researchdata@uvahealth.org](mailto:researchdata@uvahealth.org) along with UVA IRB Protocol, Data Security Plan, and UVA Health Data Governance (if EMR Data) documentation.

|  |  |
| --- | --- |
| **UVA Faculty Member/Researcher** |  |
| **Phone** |  |
| **Email** |  |
| **UVA Department** |  |
| **UVA IRB #** |  |
| **UVA PI** |  |
| **UVA Contract Negotiator (DUA)** |  |
| **Recipient Name (First Name, Last Name)** |  |
| **Recipient Organization** |  |
| **Recipient Location (State or Country)** |  |
| **Recipient Contact Email** |  |

[*Data Certification policy for UVA Health Data to be shared outside UVA Health*](https://portal.ithriv.org/#/resource/1307) *for your review.*

**Description of Research Data:**

DUA for retrospective study – provide **all data collected to date** for data certification

 DUA for prospective study:

  Health Data is entered directly into DUA Organization’s Database (not stored at UVA)

  Health Data is collected and stored at UVA

DUA for retrospective & prospective study – provide **all data collected to date**

Detailed description of data (for example: source of data, data file types, data file formats, data elements, etc):

|  |
| --- |
|  |

**The Research Data described above meets the following:**

[De-identified data](https://privacyruleandresearch.nih.gov/pr_08.asp) must have the following identifiers excluded:

* Name
* All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes
* All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older. This means you may record the year but not record the month or day of any date related to the subject if the subject is under the age of 89. In addition if the subject is over the age of 89 you may not record their age and you may not record the month, day or year of any date indicative of age ( except that you may aggregate them into a category "Age>90"
* Telephone numbers
* Fax numbers
* Electronic mail addresses
* Social Security Number
* Medical Record Number
* Health plan beneficiary numbers
* Account numbers
* Certificate/license numbers
* Vehicle identifiers and serial numbers, including license plate numbers
* Device identifiers and serial numbers
* Web Universal Resource Locators (URLs)
* Internet Protocol (IP) address numbers
* Biometric identifiers, including finger and voice prints
* Full face photographic images and any comparable images
* Any other unique identifying number, characteristic, code that is derived from or related to information about the individual (e.g. initials, last 4 digits of Social Security #, mother's maiden name, first 3 letters of last name.)

[Limited Data Set (LDS)](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/limited-data-set/index.html) is health information that **excludes** certain, listed direct identifiers (see below) but that **may include** city; state; ZIP Code; elements of date; and other numbers, characteristics, or codes not listed as direct identifiers.

* Names
* Postal address information, other than town or city, State, and zip code
* Telephone numbers
* Fax numbers
* Electronic mail addresses
* Social Security Number
* Medical Record Number
* Health plan beneficiary numbers
* Account numbers
* Certificate/license numbers
* Vehicle identifiers and serial numbers, including license plate numbers
* Device identifiers and serial numbers
* Web Universal Resource Locators (URLs)
* Internet Protocol (IP) address numbers
* Biometric identifiers, including finger and voice prints
* Full face photographic images and any comparable images

Contains HIPAA identifiers as follows:

Name

All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes

All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older. This means you may record the year but not record the month or day of any date related to the subject if the subject is under the age of 89. In addition if the subject is over the age of 89 you may not record their age and you may not record the month, day or year of any date indicative of age ( except that you may aggregate them into a category "Age>90"

Telephone numbers

Fax numbers

Electronic mail addresses

Social Security Number

Medical Record Number

Health plan beneficiary numbers

Account numbers

Certificate/license numbers

Vehicle identifiers and serial numbers, including license plate numbers

Device identifiers and serial numbers

Web Universal Resource Locators (URLs)

Internet Protocol (IP) address numbers

Biometric identifiers, including finger and voice prints

Full face photographic images and any comparable images

Any other unique identifying number, characteristic, code that is derived from or related to information about the individual (e.g. initials, last 4 digits of Social Security #, mother's maiden name, first 3 letters of last name.)

*Please note: If changes to the data format (ie version change) are enacted before the first external data transfer or recurring transfers, you are required to have the dataset format recertified (expedited review).*

*Research data classification changes from deidentified to LDS or LDS to full HIPAA, will require IRB protocol amendment submission, updated Data Security Plan, and UVA Health Data Governance to match the DUA.*

*Data certification result reported below applies ONLY to the reviewed data files submitted and documented, and may not be applied to any other data associated with this research project.*

Submit this form and any questions to [researchdata@uvahealth.org](mailto:researchdata@uvahealth.org)

***------------------ FOLLOWING TO BE COMPLETED BY RCTA DATA CERTIFICATION STAFF ONLY -----------------***

**Certified by**:

**Date:**

**Internal Tracking #:**

|  |  |  |
| --- | --- | --- |
| APPROVED CERTIFICATION | | |
|  | | |
| FILENAME | COMPLETENESS | DATE / TIME STAMP |
|  | Partial  FULL |  |
| DESCRIPTION | | |
|  | | |
| CHECKSUM (SHA256) | | |
|  | | |