QUESTIONNAIRE FOR OUTGOING TRANSFER OF EMORY HUMAN SUBJECT DATA:

Certain information is required to process and execute a data transfer agreement to allow provision of data that constitutes Emory human subject information. To avoid any delays, please complete all of the fields below, ***including signature by the Emory faculty investigator***, and forward by email to **somdta@emory.edu**

Principal Investigator Information *(The Principal Investigator is the Emory faculty member/senior investigator under whose direction the data will be provided)*

Name: Phone: Email:
Department:
Mailing address:

Recipient Information

Name of the institution to which data is being provided:

Name of the recipient institution's scientist:
Phone: Email:

Name of the recipient institution's contracting officer:
Phone: Email:
Mailing address:

I. SOURCE OF DATA *(answers to questions may not be mutually exclusive)***:**

A. Is the data to be transferred in part or in whole sourced from database records in the Emory School of Medicine?

Circle One: ☐ **Yes** ☐ **No**

B. Is the data to be transferred in part or in whole obtained from Emory Healthcare records or collected in the principal investigator's capacity as an Emory Healthcare clinician?

Circle One: ☐ **Yes** ☐ **No**

- If yes, was the data collected solely for research purposes or is this data that is typically maintained with the medical record?

C. Is the data to be transferred in part or in whole obtained from a non-Emory source **(if yes, please describe)**?

Circle One: ☐ **Yes** ☐ **No**

II. DESCRIPTION OF DATA:

A. Please generally describe the data to be transferred.

B. Is the data de-identified in accordance with HIPAA?

Circle one: ☐ **YES** ☐ **NO**

In order to qualify as completely de-identified, there must be no actual knowledge that the information to be shared could be used alone or in combination with other information to identify an individual, and the data must be stripped of the following elements:

1. Names
2. Postal Address:
   All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
   a. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
   b. The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. Dates
   a. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death, etc.; and
   b. 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;
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers
13. Device identifiers and serial numbers
14. Name of relative
15. Web URLs
16. IP addresses

17. Biometric identifiers, including finger and voice prints
18. Full face photographic images and any comparable images
19. Any other unique identifying number, characteristic or code

The following link provides guidance regarding methods for de-identification: http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/De-identification/guidance.html#standard

C. Does the data constitute a Limited Data Set? **A Limited Data Set is Protected Health Information (PHI) that excludes all of the above identifiers except for dates and geographic information at the zip code, town, city, or state level.**
Circle one: ☐ **YES** ☐ **NO**

D. If the data constitutes limited data set or full PHI, has the principal investigator obtained appropriate patient informed consents and applicable patient and/or IRB authorization necessary for this requested disclosure of data **(if IRB authorization, please provide authorization)**?
Circle one: ☐ **YES** ☐ **NO**

III. RESEARCH INFORMATION:

A. Please generally describe the research project that is the subject of this data transfer:

B. Is either the data to be transferred or the research project the subject of any existing clinical trial agreement, collaborative research agreement, or other funding agreement **(if yes, please provide a copy of the agreement)**?
Circle one: ☐ **YES** ☐ **NO**

C. If the data transfer will be to a for-profit entity, please describe the Principal Investigators expectations for deliverables in return for transfer of the data:

I certify that all the information provided above is accurate and up to date.

Signature of Principal Investigator:_____