

NNDC MOOD OUTCOMES PROGRAM DE-IDENTIFIED DATA REQUEST & DATA USE AGREEMENT FORM

SECTION 1: REQUESTOR DETAILS	
Name	
Phone Number	
Email	
Position	
Site/Organization	
Date Requested (mm/dd/yyyy)	
Urgency	<input type="checkbox"/> 1-10 days <input type="checkbox"/> 1-30 days <input type="checkbox"/> >30 days
Reason/Purpose	
Description of Information Requested	
Reporting Period	
List all the persons who will have access to the data (name, position, organization, and email)	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Summary of how the data will be used	
Required Attachments:	<input type="checkbox"/> Research Protocol (high level description of the planned use of the data, including background, hypothesis, and specific aims) <input type="checkbox"/> Not Applicable (Access request by Mood Outcomes Steering team for administration purposes)

Data Access Information

When your request is approved, you will need to provide the following prior to receiving instructions on how to access the dataset via the Altarum Secure Transfer mechanism

- IRB Letter (indicating approved use of data OR documentation that approval for the use of de-identified datasets is not required)

IMPORTANT: Data Access and Usage is governed by the NNDC Data Use Policy and NNDC Publications Policy - all requestors must sign and agree to the following:

Data Use Pledge:

- I will not attempt to link individual data records to individual patients or patient identifiers.
- I will only use data for the uses authorized by the IRB Letter and Research Protocol submitted with this request.
- I will submit a new data request for any new analyses I wish to pursue.
- I will not share the data requested outside of the team designated in this request.
- I will contact the NNDC (NNDC@NNDC.org) for prior approval if I wish to present or publish the data requested. For publications, I will follow the guidelines found in the NNDC Publications Policy.
- I will destroy the requested data after publication according to FDA rules.
- I will store requested data in a HIPAA compliant secure location and indemnify the NNDC and Altarum in the case of a security breach.

Requester Signature: _____ Date: _____

SECTION 2: APPROVAL DETAILS (office use only)			
Request Number			
Date Received (mm/dd/yyyy)			
Comments			
Approval Status (circle one)	Approved	Date:	Not Approved
Approver Signature			
SECTION 3: COMPLETION DETAILS (office use only)			
Date Completed (mm/dd/yyyy)			
Date Provided (mm/dd/yyyy)			
Transfer Location			