

Title (If funded, provide exact title of funded project)

Contact information

Principal Investigator Name _____

Net ID _____

UA Email Address _____

College/Division _____

Department/ Unit _____

Limited IRB Review

Where will the data be stored?

<input type="checkbox"/> REDCap	<input type="checkbox"/> Clinical Data Warehouse
<input type="checkbox"/> Box@UA Health	<input type="checkbox"/> Box@UA
<input type="checkbox"/> Password Protected Drive	<input type="checkbox"/> Encrypted Drive
<input type="checkbox"/> External Drive (USB, Flash drive)	<input type="checkbox"/> Department Drive
<input type="checkbox"/> Cloud Server	<input type="checkbox"/> UA Records Management & Archives
<input type="checkbox"/> Departmental Office	<input type="checkbox"/> Other – please explain below

For each of the storage location checked above, discuss the type of data to be stored (including if the data is identifiable), who may have access to the data, and how long the data will be kept.

***NOTE: You are responsible for following University policy and guidelines for proper transmission and storage of [Confidential or Regulated Data](#), including PHI.**

Will you be transmitting/receiving any subject data to/from an outside group? Yes No

Describe steps, if any, to protect the privacy of the subjects throughout their participation in the Human Research (e.g. during the recruitment process, consent process, and/or research procedures).

In which of the following formats will the data be stored? Identifiable Coded De-Identified

What security controls (e.g. administrative, physical, technical) are in place to make sure data/ specimens are secure?

Will data/ specimens be kept for future research, including unspecified future research, genetics and/or whole genome sequencing? Yes No

Explain _____

Will subjects receive results for any future research? Yes No

Will the data /specimens be stored in a repository? Yes No

Will the data/specimens be shared with collaborating entities? Yes No