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**IRB-NIH Data Sharing Checklist**

**PI Name:      If applicable: Affiliated Grant/ Protocol IRB # or UVA Tracking #**

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| --- | --- | --- | --- | --- |
|  | | | | |
|  | **Yes** | **No** | **N/A** | **Comment** |
| Protocol and/or funding grant stipulates that the data sent to a NIH Designated Data Repository will be coded and that the NIH will not receive the key to the code.  *Information may be found in PHS 398 grant in section K or in Resource Sharing Plan )* |  |  |  |  |
| Grant should stipulate that data will be submitted to a NIH Designated Data Repository or provides an appropriate explanation for why submission will not be possible.  *Information may be found in PHS 398 grant in section K or in Resource Sharing Plan )* |  |  |  |  |
| If applicable, does the research consent restrict sharing the data outside of UVa?  *If yes, determine if subjects need to be re-consented* |  |  |  |  |
| If applicable, does the research consent stipulate genetic research will NOT be done?  *If yes, determine if subjects need to be re-consented* |  |  |  |  |
| If applicable, does the research consent restrict the type of research that may be done on the data?  *If yes, document this on the certification document.* |  |  |  |  |
| If applicable, does the research consent state the specimens will be destroyed after the current study is completed?  *If yes, future use of the specimens would not be allowed.* |  |  |  |  |
| If applicable: is the application for a Certificate of Confidentiality on file? |  |  |  |  |
| For a prospective study: has the Genomic Data Sharing section of the consent been inserted into the consent? |  |  |  |  |

**Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:**

*(IRB Chair, Vice Chair or experienced designated IRB member.*

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