# Application to Create a Limited Data Set

A hospital or other health care provider may approve the use and disclosure of a limited data set for research purposes if the person who would use or receive the information has a signed a Data Use Agreement through which the person agrees to protect the privacy of the information received.

## Submission Instructions

Our website provides full instructions on submitting applications to the IRB: <http://irb.med.nyu.edu/esubmission> Please contact the IRB office at 212 263-4110 with any questions.

## Administrative Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Study# |  | | Date of this request | |  | | |
| Study Title |  | | | | | | |
| Department |  | | Division | |  | | |
| Role\* | Name | | | Email | | Phone | Fax |
| Principal Investigator |  | | |  | |  |  |
| Contact Person |  | | |  | |  |  |
| Co-Investigators |  | | |  | |  |  |
|  |  | | |  | |  |  |
| \* PI and Contact Person are required; list all other study personnel as well, one line per person. Principal Investigators and Co-Investigators must be NYU SoM faculty. | | | | | | | |
| All personnel listed above have completed the CITI Tutorial  <http://www.citiprogram.org> | | Yes  No | | | | | |

## Data Set Details

A limited data set may be created by removing from the individual’s Protected Health Information the following direct identifiers of the individual or of relatives, employers or household members of the individual.

Check every box, confirming that none of these identifiers will be included in your data set.

Names (individual, employer, relatives, etc.)

Address other than town or city, state, and zip)

Telephone numbers

Fax numbers

Social Security numbers

E-mail addresses

Medical record numbers

Health Plan Beneficiary numbers

Account numbers

Certificate/license numbers

Vehicle Identifiers and Serial numbers (e.g., VINs, License Plate numbers)

Device Identifiers and Serial Numbers

Web Universal Resource Locators (URLs)

Internet Protocol (IP) address numbers

Biometric Identifiers (e.g. finger or voice prints)

Full face photographic images and any comparable images

NOTE: Limited data sets may also be used and disclosed for the health care provider’s or the recipient’s health care operations and for public health purposes, but requirements for the use and disclosure of a limited data set for these non-research purposes may be subject to other policies.

Any questions concerning use and disclosure of a limited data set for research purposes should be directed to the NYU IRB and uses for non-research purposes to the NYU School of Medicine’s Privacy Officer.

|  |  |
| --- | --- |
| Describe the research project and the information that you wish to receive as part of a limited data set for this research project |  |
| List all persons or categories of persons (e.g., members of my research staff) who will use this limited data set for the research purpose described above |  |

## PI’s Signature

|  |  |
| --- | --- |
| Date |  |
| Print Name |  |
| Signature | I assure the NYU IRB that the information that I obtain in the limited data set described above will be used only for the research purpose described above, and not re-used or further disclosed except as required by law or permitted by the NYU Data Use Agreement.  I understand that research cannot be initiated prior to review and approval of the Data Use Agreement. |

## IRB Chair’s Authorization

|  |  |
| --- | --- |
| Date |  |
| IRB Board |  |
| Print Name & Title |  |
| Signature | NYU School of Medicine’s Office of the Institutional Review (“IRB”) has determined that this request for access to protected health information (“PHI”) satisfies the requirements of the HIPAA Privacy Rule. |