

# Data Usage Checklist

I have read and signed the Data Usage Agreement.

I have completed all necessary trainings:

HIPAA for General Awareness

CITI

(Select Group 1: IRB-01 Mandatory Training)

- History/Ethical Principles
- Basic IRB Regulations
- Informed Consent

IRB mandatory training

- IRB800

Other, as applicable: \_\_\_\_\_

I confirm the above criteria have been met.

Printed Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

UPON COMPLETION OF THE ABOVE CRITERIA, PLEASE  
RETURN THIS FORM TO THE DATA MANAGER.

Signature of Data Manager:

\_\_\_\_\_

Date: \_\_\_\_\_

I have submitted the Data Analysis Plan (can be submitted with this checklist).

**Please note:**

Once your project has been approved by the HMS team, you must seek IRB approval. After this is complete you will be required to submit your IRB approval to the HMS study team prior to receiving any data.