

Tulane University/Tulane Medical Center
Electronic Medical Record (EMR)/Paper medical record
Restricted Query Tool for Research
Data Use Assurance (DUA) Sponsorship Form

This Data Use Assurance is designed to permit approved users access to use Tulane Medical Records for the purpose of accessing clinical data required for use in an IRB-approved research study. Your acceptance of this assurance certifies that you understand and agree to all applicable terms contained herein:

I understand that all searches executed within the system are recorded and will be examined, as part of routine compliance audits. The identity of the user is recorded along with information related to each search executed.

I understand that no person registered as a user of the system may share his/her login information with any other person for purposes of accessing this system. Only registered users who are Tulane University faculty or academic staff may use the system, having completed CITI, HIPAA and all other required training. As the Principal Investigator of this research study, I would like to request the following information related to my previously registered research study (information below):

Can this data be pulled from HIT systems through a query? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
If yes, please describe the ICD's, patient age, or other demographics needed:

The Research Study title: _____
IRB #: _____ Date of IRB approval: _____

I declare that the requested information constitutes the minimum necessary data to accomplish the goals of the research monitoring activity.

I acknowledge the additional level of ethical sensitivity inherent in accessing data from electronic medical records and agree to exercise ethical conduct when so doing.

I understand that any violation of this assurance may result in a disciplinary action by my institution in consultation with the appropriate office(s) at my institution. I have completed the Tulane University HIPAA security training online.

I accept all of the above terms.

P.I. Print Name: _____ Date: _____

P. I. Signature: _____

Version1

Approved 022014