

Appendix I – University of Rochester Human Subject Research Electronic Data Security Assessment Form

Principal Investigator:

Click IRB STUDY#:

Title:

Sponsor:

Date Completed:

Investigators must complete this form when data is collected, transmitted, or stored electronically. The information in this form does not need to be specifically repeated in the research protocol, rather the form should be referenced in the protocol and the completed form will be included as part of the new study application in the IRB Review System. On the Ancillary Committee Review Smart form, answer yes to question #1 and then answer all questions appropriately. Question Z L O O S H U W D L Q W R W K H 3 F R O O H F W L R Q H O H F W U R Q L F G D W D 8 S O R D G W K H ' D W D 6 H F X U L W \ \$ V V H V V P H Q W I R Data Security category. If an image is available to describe the lifecycle of data, please include that in this section, as well. The IRB may request a consultation from data security experts from the University of Rochester Information Security, Academic IT, or HIPAA Privacy to ensure risks to subjects are minimized and appropriate data safeguards are in place. It is possible that these additional data security experts may impose additional requirements, such as a vendor/collaborator qualification questionnaire or an agreement. It is important that all relevant questions are addressed to prevent a delay in review.

If during the conduct of this research, the responses contained in the Appendix I) change (e.g., technologies, data management strategies, data sharing), an updated form must be included in the application through the modification process. When a H Y L V H G I R U P L V V X E P L W W H G







- 7. Will messages be limited to appointment reminders? Yes No
- 8. Will messages be limited to survey links? Yes No
- 9. Is the communication one-way or two-way?



6. Provide any additional information:

PART C ±Data Analysis and Use



Yes N/A as no third party technologies are being used

If yes, provide links to all terms of service:

Name: _____

Date: _____