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| The purpose of this worksheet is to allow the IRB Director or designee to evaluate whether an investigator’s genomic data sharing plan meets the criteria for submission to an NIH-designated data repository. The IRB Office uses this worksheet to generate HRP-528 - LETTER - NIH GDS Institutional Certification. It does not need to be retained. | | |
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| Investigator Name | |  |
| Project Title | |  |
| IRB Number (if any) | |  |
| Name of Person Completing Checklist | |  |
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| 1. Institutional Certification Requirements (ALL must be checked “Yes”) | | |
| Yes  No | The data being submitted is consistent with the NIH grant and IRB-approved protocol. | |
| Yes  No | The data submission is consistent, as appropriate, with applicable national, tribal, and state laws and regulations as well as relevant institutional policies. | |
| Yes  No | Limitations on the research use of the data, as expressed in the informed consent documents, are delineated.  **N/A for submission to an unrestricted-access database.** | |
| Yes  No | The identities of research participants will not be disclosed to NIH-designated data repositories. | |
| Yes  No | The protocol for collection of genomic and phenotype data is consistent with 45 CFR §46. | |
| Yes  No | Data submission and subsequent data sharing for research purposes are consistent with the informed consent of study participants. | |
| Yes  No | Consideration was given to risks to individual participants and their families associated with the data submitted to NIH-designated data repositories and subsequent sharing. | |
| Yes  No | To the extent relevant and possible, consideration was given to risks to groups or populations associated with submitting data to NIH-designated data repositories and subsequent sharing. | |
| Yes  No | The investigator’s plan for de-identifying datasets is consistent with the standards outlined in Section IV.C.1 of the NIH Final Genomic Data Sharing Policy. (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-124.html>) | |
| If you cannot select “Yes” to all items above, then stop. You cannot certify that the data submission criteria have been met. Communicate with the investigator to let her or him know that you cannot proceed with the Institutional Certification process without changes to the investigator’s data sharing plan. | | |
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| 1. Unrestricted- or Controlled-Access Database | | |
| **Choose the type of database to which the investigator will submit:** | | |
| Unrestricted-Access Database  Controlled-Access Database | | |
| If you selected Controlled-Access Database above, make sure that these limitations are included in the GDS Institutional Certification Form or Letter to the NIH. | | |
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