

## DUA Scope of Work

Project Title:

Detailed description of the data request (including applicable identifiers being sent/requested):

How will the data be used? Please be detailed and explain in lay terms. Attach additional pages as necessary.

Indicate whether the data was derived under or will be used to support work under a sponsored project or non-sponsored project.

**Please indicate if you are requesting de-identified data, a limited data set or PHI:**

De-identified data is being requested (does not include any of the information listed below).

Limited data set is requested (dates such as admission, discharge, service, DOD, DOB; city, state, five digit or more zip code; age in years, months, days, or hours).

Identifiable information beyond a limited data set is requested (name, street address, telephone number, e-mail address, social security number, medical record number, health plan beneficiary number, account numbers, certificate license number, vehicle identifiers, device identifiers, URLs, IP address, biometric identifiers, full face photo). If ANY of these are requested, a BAA is needed.

**IRB approval number (if applicable):**

**Please provide a description of how the data will be stored:**

**I attest as the DUA project lead that the above information is accurate and that no changes to above will take place without prior approval.**