



Research and Ethics Review Committee Research Agreement Renewal Checklist

Instructions:

Please complete the checklist below and submit to RERC@hhs.iowa.gov to apply for a renewal of your research agreement with the Iowa Department of Health and Human Services (Iowa HHS). If you require more room to answer any of the questions below, please submit additional text files as needed.

1. Current Iowa HHS-issued data sharing agreement number:
2. Current data sharing agreement expiration date:
3. Has the purpose of this study changed? Yes No

If yes, please STOP and do not complete this checklist. Instead reach out to RERC@hhs.iowa.gov directly. This project may require a new application.

4. Has the funding source of this project changed? Yes No

If yes, what organization or entity is the new funder:

5. Has participant recruitment for this project ended? Yes No Not Applicable

If no, have there been any changes to participant recruitment procedures? Yes No

If yes, please explain changes:

6. Have informed consent documents been added or revised for this project? Yes No

If yes, please submit new or updated consent forms.

7. Have the research study's anticipated outcomes or goals changed? Yes No

If yes, please explain changes:

8. Are any additional variables being requested? Yes No

If yes, please list the new variables being requested and explain how they will be used within the study:

9. Are additional years of data being requested? Yes No

If yes, please state the new years of data requested:

10. Are any changes requested to data storage or transfer procedures? Yes No

If yes, please explain:

11. Does this project involve the re-release of data outside of the Principle Investigator's study team and/or outside of the Principle Investigator's Institution or Organization?

Yes No

12. Are any additional changes requested to this research agreement (other than those described above)?

Yes No

If yes, please explain:

13. IRB status:

- Approval still current from Iowa HHS initial application
- IRB has been updated or renewed since Iowa HHS initial application (attach updated approval letter)
- IRB has expired (Note: Iowa HHS will review but will not approve applications until IRB approval or exemption is received.)
- Project received IRB exemption at time of initial application

14. Publication¹ status:

- Publication(s) have been developed using the data received through this research agreement. Please attach publications to this re-application.
- Publication(s) are expected, but have not yet been developed for this research agreement.
- Publication(s) are not expected through this research agreement.

15. Does this research agreement include any of the following variables? Please check all that apply:

- Newborn Bloodspot
- Newborn Screening Program Data
- Name
- Full Address
- Identifying Number (Medicaid ID Number, Certificate Number, Case Number)
- Full Date of Event (Birth, Death, Service)

16. How many additional years is it anticipated this project will continue?

17. If the answer to question 15 above is more than 2, do you wish to be considered for an extended agreement term? Yes No

¹ Publications include journal articles, presentations, factsheets, posters, or any other presentation of data and/or results outside of the PI's organization.