



Data Sharing Agreement Renewal Checklist

Instructions:

Please complete the checklist below and submit to RERC@hhs.iowa.gov to apply for a renewal of your data sharing 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 project 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. Have the project's purpose, anticipated outcomes, or goals changed? Yes No

If yes, please explain changes:

6. 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 project:

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

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

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

If yes, please explain:

9. Does this project involve the re-release of data outside of the agreement signatory's Organization?

Yes No

If yes, please explain:

10. Are any additional changes requested to this data sharing agreement (other than those described above)? Yes No

If yes, please explain:

11. Publication¹ status:

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

12. Does this data sharing 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)

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

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