**Instructions:** Complete this form when the study page of the dbGaP data set to which access is requested indicates IRB approval is necessary and the requestor cannot identify individuals in that data set.In addition to the assurances below, add any additional statements required per the specific study page and/or specific Data Use Certification (DUC). This form and other required documentation can then be uploaded during the process to request access. The completed/signed form can be attached to an email to [irb@uchc.edu](mailto:irb@uchc.edu) .The IRB will return a signed pdf version of the form by email to the Investigator named below.

**Note:** If requesting access to a data set that was originally submitted to dbGaP by the requestor and a link is maintained at this institution such that the requestor may identify an individual within the data set, a complete IRB application must be submitted for review and approval by the IRB.

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**PART A - Investigator Information**

**Investigator Requesting Access**:

**Name of Data Set to Which Access is Requested**:

(Note provide the name that will return an accurate result based on the search function at http://www.ncbi.nlm.nih.gov/gap)

**Attach the following documents:**

a statement summarizing the proposed research use for the requested data,

a list of collaborating investigators at UConn Health

data use certification for the specified data set

**Attestation:** By signing below the investigator named above attests to that proper oversight will be exercised to ensure the following: (Note: insert any additional requirements noted on the study page or DUC)

* Data will only be used in accordance with the terms of the dbGaP Data Use Certification
* No mechanism exists to link the data to an individual (e.g. through use of codes)
* No attempts will be made to link the data to an individual
* The dbGaP code of conduct will be followed (https://dbgap.ncbi.nlm.nih.gov/aa/Code\_of\_Conduct.html)

**Comments from Investigator**:

**Signature of Investigator and Date Signed**:

**PART B - IRB Certification:**

**Name of Data Set to Which Access is Requested**:

(Note: IRB reviewer to copy from page 1)

A member of the IRB has reviewed and approved the investigators request for access to the above mentioned data set. The IRB agrees that the proposed research use as it appears in the request form is consistent with relevant institutional policies.

**Additional Comments, if any**:

**Name IRB of Member**:

**Signature of IRB Member and Date**: