DATABASE REGISTRATION AND PREPARATORY TO RESEARCH CERTIFICATION FOR DATABASE CUSTODIAN

Registration: Type (check one):

☐ Initial database registration

☐ Database information update

Please supply all of the following information:

1. Database name. For registration purposes, please name the database.

________________________________________________________________________________

2. Database custodian. For registration purposes, please designate a custodian who will be accountable for research uses of the database. The custodian may be an individual or an entity.

   2a: Name of Individual: ____________________________________________________________ or
   ____________________________________________________________

   2b: Name of School, Department, Section, Center, or Institute (if not applicable indicate NA):
   ____________________________________________________________ or
   ____________________________________________________________

   2c: Name of research group (if not applicable indicate NA):
   ____________________________________________________________

3. Database contact person. The contact person may be the custodian of the database.

   Name: _____________________________________________________________
   Phone #: __________________________
   Mailing Address: ______________________________________________________
   Email Address: _______________________________________________________

4. What is the general purpose of the database (check all that apply)

   ☐ Patient Care
   ☐ Quality Assurance
   ☐ Billing
   ☐ Preparatory to Research
   ☐ Research
   ☐ Contracting
   ☐ Other (describe): _______________________________________________________
   _______________________________________________________

Version 7/3/15
5. What are the sources of data for this database, e.g., direct from patient or from an institution? Please include, as applicable, the name of any institution, any information system designation, and the original medium of data used.

6. Describe the security precautions protecting this database:

7. Will the database custodian personally perform preparatory to research activities using this database?

☐ YES  Sign for database registration plus read and sign the Preparatory To Research Certification below.

☐ NO  Sign for database registration only

My signature as database custodian on and filing of this form completes the registration of the above named database. If custodian is an entity, the head of the entity should sign as custodian.

__________________________________________________________________________  _______________________
Signature for database registration                                      Date

**Preparatory To Research Certification:** I acknowledge that the HIPAA Privacy Rule imposes restrictions on my own use of the protected health information (PHI) in the database named above for preparatory to research activities, defined as:

- The development of research questions,
- The development of eligibility (inclusion and exclusion) criteria,
- The determination of study feasibility (in terms of the available number of potential study participants),
- The determination of eligibility for study participation of individual potential subjects.

I therefore agree that:

1. Under this certification, I am permitted to use PHI only for the purposes of preparing a research protocol for grant preparation or IRB review or for those preparatory to research activities listed above.

2. I will use only the PHI that is necessary to prepare a research protocol for grant preparation or IRB review or for those preparatory to research activities listed above.
3. I will not remove any PHI, abstracted in the course of my preparatory to research activities, from the University of Wisconsin (UW) covered entities. The covered entities include the Health Care Components of UW-Madison, the UW Hospitals and Clinics, and the UW Medical Foundation, including its clinics. Furthermore, I will not disclose the abstracted PHI under any circumstances to anyone outside of the UW covered entities.

4. I will apply the above conditions to PHI maintained by the UW covered entities.

_______________________________________  
Signature for preparatory to research activities  
_______________________________________  
Date

**Filing Instructions:** One copy of this form should be maintained by the database custodian. The original must be filed with:

*Privacy Officer - University of Wisconsin-Madison*

*4170 Health Sciences Learning Center*

*750 Highland Avenue*

*Madison, WI 53705*

In addition, if you are a database custodian, use your database for preparatory to research activities, and have signed the preparatory to research certification above, you must file an additional copy of this form with your department, section, center, or institute administrator.