DATA SAFETY & SECURITY
ANNUAL REVIEW OF
SECURITY SAFEGUARD STATEMENT

Date 11/19/08

Section I

What is the Proposal Title and E-Promise number?

What is the Investigator's Name? Phone Number

What is the Coordinator's Name? Phone Number

Section II

Is your study closed? If no, complete the entire form. ◯ Yes ◯ No *If Yes, go to Section III*

Does your data collection consist of electronic retrieval or storage? ◯ Y es ◯ No

Has all personnel involved completed annual CITI training? ◯ Y es ◯ No

Please indicate the physical location of the stored data and the security measures utilized to protect the data.

What is the planned method for the sanitization and /or destruction of the stored data?

Please indicate the method in which the data is stored. i.e. encrypted laptop, paper, etc.

How is the the data de-identified?

Section III

Describe changes in the past year for the study in the collection of data or personnel?.

Please indicate the physical location of stored data. i.e. VA Med. Ctr. Veterans Dr. Room C-405

Please submit this form by email. Click the Submit by Email button. Then print the form. Sign and date this form below. Mail the signed form to Research 151.

Sign and print name Date

Submit by Email Print Form

Note: SENSITIVE DATA INVOLVING VA PATIENTS MUST BE STORED IN THE APPROPRIATE MANNER AT ALL TIMES. It is the responsibility of the Principal Investigator to notify the Research Office at (859) 281-4927 upon any loss of data or equipment containing sensitive information affecting any VA subject. Additionally, notification must be given to the ISO within 1 hour after the discovery of the lossof data or equipment containing sensitive information.