

Complete Healthcare Compliance Manual Resource: Sample Project Transition Form

By Mariette Marsh,^[1] MPA, CIP, CHPC, CHRC

The University of Arizona: Research, Discovery & Innovation

Project Transition Form

Title (If funded, provide exact title of funded project)

Contact information

Principal Investigator Name	
Net ID	
UA Email Address	
College/Division	
Department/ Unit	

Limited IRB Review			
Where will the data be stored?			
☐	REDCap	☐	Clinical Data Warehouse

☐	Box@UA Health	☐	Box@UA
☐	Password Protected Drive	☐	Encrypted Drive
☐	External Drive (USB, Flash drive)	☐	Department Drive
☐	Cloud Server	☐	UA Records Management & Archives
☐	Departmental Office	☐	Other – please explain below

For each of the storage location checked above, discuss the type of data to be stored (including if the data is identifiable), who may have access to the data, and how long the data will be kept.

*NOTE: You are responsible for following University policy and guidelines for proper transmission and storage of Confidential or Regulated Data, including PHI.

Will you be transmitting/receiving any subject data to/from an outside group? ☐ Yes ☐ No

Describe steps, if any, to protect the privacy of the subjects throughout their participation in the Human Research (e.g. during the recruitment process, consent process, and/or research procedures).

In which of the following formats will the data be stored? ☐ Identifiable ☐ Coded ☐ De-Identified

What security controls (e.g. administrative, physical, technical) are in place to make sure data/ specimens are secure?

Will data/ specimens be kept for future research, including unspecified future research, genetics and/or whole genome sequencing?	☐ Yes	☐ No
Explain _____		

Will subjects receive results for any future research?	☐ Yes	☐ No
Will the data /specimens be stored in a repository?	☐ Yes	☐ No
Will the data/specimens be shared with collaborating entities	☐ Yes	☐ No

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