

# Complete Healthcare Compliance Manual 2024 Resource: Sample Project Transition Form

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## 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		

Limit	ed IRB Review	
Wher	e will the data be stored?	
	REDCap	Clinical Data Warehouse

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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 <u>Confidential or Regulated Data</u>, 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-Identifed

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		

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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

Project Update v Aug 2019

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