**BANNER HEALTH NON-RESEARCH DATA USE COMMITTEE SUPPLEMENTAL QUESTIONNAIRE**

**Principal Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project # or Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions below; if not applicable please notate with an N/A. If all answers are not completed this could cause a delay in review/approval of your project.

1. Who is the Banner internal owner (Banner employed) of this project (please provide letter of support)?
2. Are you storing any electronic documents with patient identifiers and/or PHI?
	1. If yes, where will you be storing this information i.e. on a personal laptop, Banner or UA laptop/desktop, flash drive, UA Box Health (Box@UA), 3rd party storage vendor, REDCap, etc.?
		1. If on a Banner or UA laptop/computer, will it be saved on the C: drive, department drive, share drive, network drive, desktop, etc.?
		2. Who has access to this location and the electronic document(s)
3. Will you have any paper documentation with patient identifiers and/or PHI?
	1. If yes, where will you be securing this information i.e. locked cabinet?
		1. Who has access to this secure location?
4. After your project is completed how do you plan on sharing this data i.e. internally, publishing, QI committee, College class presentation, etc.? (Please include any details on how you will safeguard or de-identify any PHI that is shared externally)
5. Please provide any other pertinent details that relate to the use and disclosure of any data that the Committee may need to know.