

Lori A. Shibinette Commissioner

Patricia M. Tilley Director

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH SERVICES

BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS

29 HAZEN DRIVE, CONCORD, NH 03301 603-271-4988 1-800-852-3345 Ext. 4988 Fax: 603-271-8705 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Vital Records Privacy Board for Health-Related Research

REQUEST FOR CONTINUED USE OF CONFIDENTIAL DATA

NH DHHS Data Sharing Agreement (DSA) Number:	
Title of Study:	
Date Project Initially Approved by this Privacy Board:	
Date Project Began:	
Principal Investigator:	
Principal Investigator Position:	
Principal Investigator Institution:	
Business Address:	
City, State, Zip:	
Business Telephone:	Business Fax:
Principal Investigator E-mail:	
Funding Source:	
Sponsor of the Study:	
Institutional Review Board Maintaining Oversight (if applicable):	
Most Recent Date of Approval Granted by the IRB (Attach copy of IRB Approval, if applicable):	
Are participants being contacted in any manner?	

Have any concerns or complaints been expressed, requests for withdrawals been made?

Have any unanticipated events or problems been encountered?

Do you anticipate requesting additional NH Vital Records data?

If so, please specify if you will be requesting an updated dataset or new, additional variables and when you anticipate you will be requesting the data. (Requires prior authorization and approval by the Board.)

Provide details of any staffing changes, if any.

Provide the names and positions of new staff and CVs if any will be a prinicipal or co-investigator. Authorization and approval by the Board must be obtained PRIOR to granting access to raw data.

Have any modifications been made to the initial proposal? If yes, you must submit the changes for review/approval prior to initiation of them.

Is any type of Informed Consent being used? If so, provide a copy.

Has any literature been written or published using this data? If so, please cite a reference to where the material can be found or provide a copy.

Upon completion of this project a Notice of Termination form is required to be submitted.

Signature of Principal Investigator:

Date:

Return Completed and Signed Copy to:

Vital Records Privacy Board for Health Related Research Bureau of Public Health Statistics and Informatics Division of Public Health Services Department of Health and Human Services 29 Hazen Drive Concord. NH 03301-6504

Or email to vital.rec.data@dhhs.nh.gov