

Attachment 3b NFCRP DUA between CDC and State/Jurisdiction Awardees

**DATA SHARING BETWEEN THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) AND (INSERT AGENCY NAME)
FOR THE SUDDEN DEATH IN THE YOUNG CASE REGISTRY**

I, _____, as a representative of the (will insert specific agency here) agree to allow Sudden Death in the Young (SDY) Case Registry team members at the Centers for Disease Control and Prevention (CDC) access to de-identified Child Death Review Case Reporting System data from this state for data cleaning, analysis, and surveillance purposes. CDC staff will have access only to data submitted by the state(s) and their authorized data entry persons that have case identifiers removed using the HIPAA standards listed in Appendix A of the Data Use Sharing Agreement between the Michigan Public Health Institute (MPHI) and your state. CDC agrees to abide by the privacy and security provisions of the MPHI Data Use Agreement as if the same were fully set forth herein. We understand that the CDC will acquire this data through the National Center for the Review and Prevention of Child Deaths (NCRPCD) which is housed at MPHI and will not have the capability to alter any original data in the Child Death Review Case Reporting System

The CDC SDY Case Registry team will not attempt or permit others to use this data set to attempt to learn the identity of any participant. If the identity of an SDY case should be inadvertently discovered, we will inform NCRPCD staff of the discovery, so they can prevent further discoveries. The CDC SDY Case Registry team will not inform anyone else of this knowledge.

The CDC will not release nor permit others to release the data set or any part of it to any person other than the members of the CDC's SDY Case Registry team who have agreed to appropriate use, storage, and reporting of registry data.

The CDC will store all electronic and hard copy data in a secure and confidential location that only CDC's SDY Case Registry team members will have access to, and electronic data will be backed up on a secure server per CDC protocol.

All oral or written presentations of results based on analysis of SDY Case Registry data will include an acknowledgment of the <STATE/JURISDICTION> CHILD DEATH REVIEW CASE REPORTING SYSTEM, the Centers for Disease Control and Prevention, and NCRPCD. Unless explicit permission is obtained from each state/jurisdiction, CDC will only report aggregated data with cell counts of six or more cases.

By the authority vested in me as a representative of the (insert specific Agency here), my signature indicates (insert specific Agency here,) agreement to comply with these requirements.

Name: _____

Title: _____

Organization: _____

Signature _____

Date: _____

By the authority vested in me as a representative of the CDC's SDY Case Registry team, my signature indicates the CDC's SDY Case Registry team agreement to comply with these requirements.

Name: _____

Title: _____

Organization: _____

Signature _____

Date: _____