# 0925-0744-NEW\_DASH\_ATTACHMENT A.2-2\_DATA SUBMISSION (APPROVED OMB NUMBER: 0925-0744)

	Explore Data ✓ Explore Bir	ospecimens Submit Study Resources > Feedback Curator Officer			
Submission					
Preview Submission Pages					
		OMB Control Number: 0925-0744			
Submission Start Date: 12/28/2020		Expiration Date: 01/31/2022			
Study Registration	Study Registration				
X Contact Information	All fields marked with an asterisk (*) are required.  NOTE: Be sure to de-identify all your study data prior to submission.				
X Policy Compliance	STUDY INFORMATION				
X Study Information	Study Name *	Abbreviation *			
X Study Schema	Please enter study name (256 characters including spaces)	Abbreviation			
X Study Population	Single Site Multi Site				
Biospecimen Information	NICHD Division/Branch/Center *				
X Data Distribution	Please select the NICHD Division/Branch/Center associated with your study from the drop-down list. I enter, please contact the primary NICHD program person responsible for this study for guidance.	t you are unsure of what to			
X Institutional Certification	Please select the NICHD Division/Branch/Center Name	~			
X Data Preparation	NICHD Research Networks and Initiatives *				
X Review and Submit	Please select the NICHD Research Network or Initiative for your study. If the appropriate network or in list below, please select "Other Initiatives" at the bottom of the list.	itiative does not appear in the			
	Please select the NICHD Research Network or Initiative Name	~			
	Related Studies in DASH *				
	Is the study you are submitting related, either by study participants or study protocol, to anothe DASH?	r study that is currently archived in			
	Yes No				
	Related Studies Outside of DASH *				
	Is the study you are submitting related, either by study participants or study protocol, to anothe	r study that is not archived in DASH?			
	Yes No				
	SAVE	NEXT >			
Public reporting burden for this collection of information is estimated to average two hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0744). Do not return the completed form to this address.					
uso NIH Na	ational Institutes of Health	16.4.1   NICHD HOME   Disclaimer   FOIA   Privacy Policy   Accessibility			

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Policy

	Study Registration	Policy Compliance
$\perp$		All fields marked with an asterisk (*) are required.
$\langle \rangle$	Contact Information	1. Is this Study compliant with HHS human subjects regulations (45 CFR Part 46)? *
(iii)	Policy Compliance	HHS human subjects research (45 CFR Part 46) offers basic protections to human subjects involved in both biomedical and behavioral research conducted or supported by HHS. 45 CFR Part 46 Protection of Human Subjects
$\langle \times \rangle$	Study Information	Yes No
$\times$	Study Schema	
$\stackrel{\times}{\uparrow}$	Study Population	2. Is this Study compliant with FDA human subjects regulations (21 CFR Parts 50 and 56)? *  FDA human subjects regulations (21 CFR Parts 50 and 56) deals with the policies surrounding human subjects and Institutional
$\langle \times \rangle$	Biospecimen Information	Review Boards (IRBs). Part 50 applies to all clinical investigations regulated by the FDA under sections 505(i) and 520(g) of the Federal Food, Drug, and Cosmetic Act, as well as clinical investigations that support applications for research or marketing permits for products regulated by the FDA. Part 56 contains the general standards for the composition, operation, and responsibility of an IRB
$\times$	Data Distribution	that reviews clinical investigations regulated by the FDA. 21 CFR Parts 50 and 56 FDA Human Subjects Regulations

Yes

No

2

Data Freparation	3. Is this Study	compliant with the Health Insurance Portability and Accountability Act of 1996? *
Review and Submit	health information r which individuals w	ortability and Accountability Act Privacy Rule (45 CFR Part 164) establishes the conditions under which protected hay be used or disclosed by covered entities for research purposes. The Privacy Rule also defines the means by II be informed of uses and disclosures of their medical information for research purposes, and their rights to about them held by covered entities. Information about HIPAA 1996 (PDF-157 KB)
		Yes No
		compliant with the Privacy Act of 1974, as amended (5 U.S.C. § 552a)? *  C. § 241; 281-290b). Section 308(d) (42 U.S.C. 242 m (d) a United States federal law, establishes a Code of Fair
	Information Practice	that governs the collection, maintenance, use, and dissemination of personally identifiable information about aintained in systems of records by federal agencies. Information about Privacy Act 1974
		Yes No
	< PREVIOUS	SAVE NEXT >
$\bigcirc$	Study Registration	Study Information  All fields marked with an asterisk (*) are required.
$\langle \rangle$	Contact Information  Policy Compliance	STUDY DETAILS
	Study Information	Study Description *
×	Study Schema	Please provide a brief description (1024 characters including spaces) of the study to include study aims/goals, hypothesis tested, methodology used and the resulting outcomes. It is not necessary to provide information that may be duplicated in other study documents that are being submitted (example - eligibility criteria or outcome measures that are available in the study protocol).
$\bigotimes$	Study Population	Provide a description of the study being submitted to archive (1024 characters)
$\times$	Biospecimen Information	

Keywords \*

Data Distribution

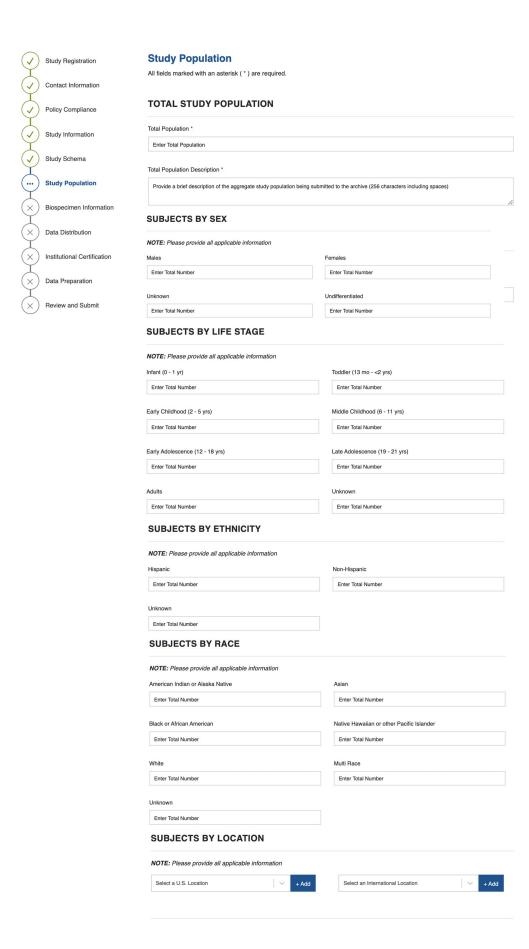
Study Timeline \*

Are there study enrollment and data collection dates associated with your study?

Yes

No

	( imes) Review and Subm	it		
			Topics * Select and add a topic   → Add	
$\checkmark$	Study Registration	Study	Study Type * Click here to view the decision tree for NIH Clinical Trial definition	
$\Diamond$	Contact Information	This page a The Study ξ	Clinical Trial - NIH defined Other Types of Clinical Research	ith your study.
$\bigcirc$	Policy Compliance	collections,	FUNDING INFORMATION	
$\langle \rangle$	Study Information	Note: As yo displaying the	Funding Source *  NIH Extramural NIH Intramural Other	ganizing and
(···)	Study Schema		Funding Type *	
$\langle \times \rangle$	Study Population		Contract Grant Other	
$\langle \times \rangle$	Biospecimen Information		Funding Identifying Number *  Add "N/A" if Unknown	
$\times$	Data Distribution	Selec	Enter the identifying number (128 characters) + Add	
$\bigotimes$	Institutional Certification		+ Add Funding Information  URL LINKS  Please provide the following URLs related to your study. The URLs should be a direct link and not include search terms in the URL.	
$\times$	Data Preparation	< PREVIO	Study Website	NEXT >
(x)	Review and Submit			
			ClinicalTrials.gov	
			dbGaP	
			PUBLICATIONS URLS  You may provide up to ten URLs for primary publications from this study. The URLs should be a direct link and not include search terms in the URL. If more than ten publications, please create a list of all publications related to this study and include the list with your study submission.  Add publications one at a time	
			<pre>&lt; PREVIOUS SAVE NEXT &gt;</pre>	



 $\langle$  PREVIOUS SAVE NEXT  $\rangle$ 

$\langle \rangle$	Study Registration	Biospecimen Informa					
$\checkmark$	Contact Information	All fields marked with an asterisk (*)	are required.				
$\checkmark$	Policy Compliance	Were biospecimens collect	ted for this study?	*			
$\checkmark$	Study Information		Yes		No		
$\checkmark$	Study Schema						
$\checkmark$	Study Population						
	Biospecimen Information	< PREVIOUS		SAVE		r	NEXT )
$\langle \times \rangle$	Data Distribution						
$\langle \times \rangle$	Institutional Certification						
$\langle \times \rangle$	Data Preparation						
X	Review and Submit						

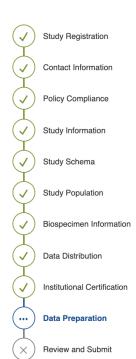
	Study Registration	<b>Data Distribution</b>					
$\mathcal{L}$	Contact Information	All fields marked with an asteri	isk (*) are required.				
Ý	Contact Information	4 8	to DACII all data callegat	t-d bd 10 *			
$(\checkmark)$	Policy Compliance	Are you submitting to DASH all data collected based on your study protocol? *  NOTE: Please ensure that partially submitted study data can be meaningfully used					
$\bigcirc$	Study Information	Yes No					
$\checkmark$	Study Schema						
$\checkmark$	Study Population	-	-	ASH Data Access Committee. Does the	consent		
$\langle \rangle$	Biospecimen Information	language require addit	tional approval from a s	study-specific approving entity? *			
	Data Distribution		Yes	No			
(x)	Institutional Certification						
$\times$	Data Preparation	3. Are there any limitat	tions to the use of data	as per the study consent form? *			
$\stackrel{\times}{1}$	Review and Submit		Yes	No			
		4. Does the informed consent require data requesters to submit IRB approval to obtain your study data? *					
		NOTE: Study data stored in DASH are de-identified and all requesters have to sign a Data Use Agreement before receiving data from DASH.					
			Yes	No			
		5. Did you use any pro	oprietary data collection	n instruments in your study? *			
			s are those with associated cost				
			Yes	No			
		6. Did you use any licensed coding standards (e.g., SNOMED, MedDRA) to code any of you study data? $^{\star}$					
			Yes	No			
		Acknowledgment Instructions  Please provide instructions for researchers to acknowledge use of your study data in future presentations or publications					
		Please provide a brief description of acknowledgement instructions (2048 characters)					

SAVE

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NEXT >

$(\checkmark)$	Study Registration	institutional Certi	Tication	
$\perp$		All fields marked with an asteri	sk (*) are required.	
$(\checkmark)$	Contact Information	,	D DASH must be accompanied by an Institutional Ce	
$\langle \rangle$	Policy Compliance	•	ting that an IRB or equivalent Privacy Board has dete onsent and that the identities of research participants	o a constant of the constant o
$\checkmark$	Study Information	You must use the DASH Institu	utional Certification template.	
$\checkmark$	Study Schema	Institutional Certificati	on *	7
$\checkmark$	Study Population	△ Upload File		
$\checkmark$	Biospecimen Information	,	specimen catalog to DASH for biospecimens availab se complete the DASH Biospecimen Catalog Instituti	9
$\langle \rangle$	Data Distribution	Biospecimen Catalog	Institutional Certification	
(iii)	Institutional Certification	스 Upload File		
$\langle \times \rangle$	Data Preparation			
(x)	Review and Submit	< PREVIOUS	SAVE	NEXT



### **Data Preparation**

#### PREPARING YOUR DATA

Currently, DASH will accept datasets and documents but not images. If you have a study with images, please contact the DASH Administrator at supportdash@mail.nih.gov. Below are some guidelines for de-identifying and preparing your files prior to annotation:

- 1. Data to be submitted to DASH should be de-identified according to NICHD DASH Policy. For guidance on data de-identification, please refer to the Data and Biospecimen Catalog De-Identification Guidance.
- Provide a detailed de-identification methodology document to assist other users with evaluating whether they can use the deidentified data for secondary use.
- 3. Datasets should be in a format that can be easily accessed by others. For example, if your datasets were prepared using a statistical software package such as SAS, please also provide your datasets as .CSV files since not all users may have access to SAS software.
- 4. For documents, .PDF is preferred over .DOC or .DOCX, but all are accepted, including .RTF and .TXT files.

If you have questions about preparing your data for archiving in DASH, please contact supportdash@mail.nih.gov.

#### **DOWNLOAD DATA PREPARATION TOOL**

The Data Preparation Tool (DPT), available for download below, will allow you to work offline to prepare your study for upload into DASH.

Be sure that all of your data is de-identified according to the NICHD DASH Policy (Guidance is available at Data and Biospecimen Catalog De-Identification Guidance) and that your study items (datasets and documents) are saved in a single, easy-to-find location on your computer.

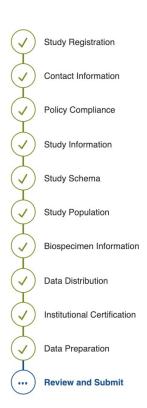
Available download for Windows:

Available download for Mac OS X:

△ Download [76.6 MB]

∆ Download [109.2 MB]

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## **Review and Submit**

Please review the study information that will appear on the Study Overview Page in DASH for your study. If you need to make changes, use the navigation bar on the left or the "Previous" button to return to a previous section.

Preview Study Overview Page

Once you have reviewed and verified the entries for this study, click "Submit Study". You will receive an email confirmation from the NICHD DASH Administrator that your submission has been received.

< PREVIOUS

SUBMIT STUDY