## RESEARCH IDENTIFIABLE FILE (RIF) DATA USE AGREEMENT: AMENDMENT REQUEST

		For CMS Use Or	lly 			
Amendment Approval Date: Notes:		CMS Approver Signature:				
ENERAL INSTRUCTIO	NS					
At the onset of	of vour request, ple	ease only provide an <b>unsigned</b> , <b>c</b>	raft document in \	<b>Word</b> form	at	
Additional sup	pporting document	ts may be needed for amendment following link: <a href="https://www.resd">https://www.resd</a>	nts, please visit Res	sDAC's web	site for inform	
Requester						
Must match the individ		RIF DUA.				
Requesting Organiz		DIE DUA				
Must match the organ Study Title	ization speciπea in ti	ne RIF DUA.				
Must match the study	title specified in sect	ion 3 of the RIF DUA				
DUA #	thire specified in sect	ion of the Kir Box				
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 $<sup>^2\,\</sup>mbox{Please}\, \underline{\mbox{refer to}}$  the ResDAC website for information on data file availability.



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## RESEARCH IDENTIFIABLE FILE (RIF) DATA USE AGREEMENT: AMENDMENT REQUEST ☐ I am requesting another type of modification (e.g. study objectives/aims, linkage of CMS data to non-CMS data, etc.) of the Attachment A - RIF Application. ☐ I am requesting a change related to VRDC access: ☐ Seat Extension: [Enter # of Seats & qtrs./1yr.] ☐ Seat Addition: [Enter # of Seats] ☐ Seat Transfer: Please transfer the seat currently held by [Enter original seat holder] to [Enter new seat holder]. ☐ Project Fee Renewal ☐ VRDC Cloud Add-on ☐ I am requesting to change the funding source for the DUA to the following: ☐ Non-profit/Academic ☐ For-profit ☐ State Agency ☐ Federal Agency/Federal Agency Grant - [Insert Federal Agency Name] ☐ I am requesting to add a collaborating organization. ☐ I am requesting to change the Requester on this DUA. ☐ I am requesting a type of amendment not listed above. Please describe the requested amendment in the text box below. The amendment(s) requested above modify the materials approved for the DUA # listed above and therefore are incorporated by reference into this DUA. The undersigned individual hereby attests that he or she is authorized to amend the DUA# listed above on behalf of the Requesting Organization and agrees to all the terms specified in the DUA. Date **Requester Signature Requester Printed Name**

