

# Data Submission Certification

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## INTRODUCTION

The Data Submission Certification describes terms and conditions of data submission to NIH controlled-access data repositories for data not subject to the [NIH Genomic Data Sharing \(GDS\) Policy](#). Studies subject to the NIH GDS Policy should submit an [Institutional Certification](#) for submission of large-scale human genomic data to a NIH-designated repository. This Data Submission Certification cannot be used for the submission of Limited Data Sets.

## DATA SUBMISSION CERTIFICATION TERMS AND CONDITIONS

Data submission to the NIH controlled-access data repository is being made with institutional approval from the primary institution, [Name of Institution], for the study or project entitled [study or project name], funded by [insert funder name and grant number]. Non-NIH funded submissions are not expected to provide funding information.

If additional data are expected to be submitted to [study or project name] from other institutions, the primary institution may submit one Data Submission Certification on behalf of all institutions. Alternatively, each institution may submit a Data Submission Certification using the same study or project name and funding information, if applicable.

[Name of Primary Institution] (hereby referred to as "Submitting Institution"), and any other collaborating institution involved in the submission of data, hereby assures that submission of data from the study entitled [name of study] to the NIH controlled-access data repository meets the following expectations:

- That the data was collected in a manner consistent with all applicable national, Tribal, and state laws and regulations as well as relevant institutional policies.
- That submission of the data is consistent with applicable national, Tribal, and state laws and regulations as well as relevant institutional policies.
- That expectations with explicit limitations on subsequent use, such as those imposed by laws, regulations, policies, informed consent, and agreements, as applicable, or as otherwise determined by the Submitting Institution, will be delineated in the table for Data Use Limitations (DUL) in this document.
- That metadata and supporting information, materials, and documentation to adequately describe and facilitate interpretation will be submitted to NIH controlled-access data repositories at submission.
- That different offices or components of an institution with appropriate roles and expertise (such as an Institutional Review Board (IRB), Privacy Board, or equivalent body) has reviewed the investigator's proposal for data submission and assures that:
  - o That submission for subsequent sharing and use of the data for research purposes is consistent with explicit limitations on subsequent use, such as those imposed by laws, regulations, policies, informed consent, and agreements, or as otherwise determined by the Submitting Institution."

FINAL DRAFT

- 39           o   That the submitted data has been de-identified to the extent required by the NIH
- 40                    controlled-access data repository, applicable laws, regulations, and NIH policies.
- 41           o   That consideration has been given to risks to individual participants and their families
- 42                    associated with data submitted to NIH controlled-access data repositories and
- 43                    subsequent sharing.
- 44           o   That consideration has been given to risks to groups or populations associated with
- 45                    submitting datasets to NIH controlled-access data repositories and subsequent sharing.
- 46

47 Does the information to be submitted include **identifiable, sensitive information**?

48                   Yes           No

49 IMPORTANT: Research in which identifiable, sensitive information is collected or used includes research  
50 that:

- 51           •   Meets the definition of human subjects' research as defined in the Federal Policy for the
- 52                    Protection of Human Subjects (45 CFR 46)), including exempt research in which participant
- 53                    information cannot be identified or their identity cannot readily be ascertained, directly or
- 54                    through identifiers;
- 55           •   Is collecting or using human biospecimens that are identifiable or that have at least a very small
- 56                    risk of being used to deduce the identity of an individual;
- 57           •   Involves the generation or use of individual level human genomic data from biospecimens,
- 58                    regardless of identifiability; or
- 59           •   Involves any other information where there is at least a very small risk that a person could be
- 60                    identified.

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62 **Is the identifiable, sensitive information** to be submitted covered by a CoC?

63                   Yes           No

64 IMPORTANT: Note that research subject to the NIH Certificates of Confidentiality Policy that involves the  
65 generation, collection, or use of identifiable, sensitive information that is funded in whole or in part by  
66 NIH is automatically deemed to be issued a Certificate of Confidentiality (CoC). For more information,  
67 see the [NIH Certificates of Confidentiality webpage](#).

**Data Submission Certification Data Use Limitations (DULs)**

NIH expects the Submitting Institution and any other collaborating institution involved in the submission of data, through those with appropriate expertise and institutional role to select one of the three standard [Data Use Limitations](#) (DULs) for appropriate secondary use, or, if necessary, create a customized DUL.

**Data Use Limitations**

|                                 |     |   |
|---------------------------------|-----|---|
| General Research Use            | GRU | Use of the data is limited only by the terms of the Data Use Agreement  |
| Health/Medical/Biomedical       | HMB | Use of the data is limited to health/medical/biomedical purposes, does not include the study of population origins or ancestry. |
| Disease-specific [list disease] | DS  | Use of the data must be related to the specified disease.   |
| Other                           |     | [ENTER CUSTOMIZED TEXT, IF APPLICABLE]  |

Additional modifiers to the standard DULs (e.g., not-for-profit use only) can be indicated, if appropriate. Use of the modifiers should have a basis in the informed consent from the participants or in special knowledge of the preferences of the original study population.

**Data Use Limitation Modifiers (Optional)**

|                         |     |  |
|-------------------------|-----|--|
| IRB Approval Required   | IRB | Requestor must provide documentation of local IRB approval.  |
| Publication Required    | PUB | Requestor agrees to make results of studies using the data available to the larger scientific community.         |
| Collaboration Required  | COL | Requestor must provide a letter of collaboration with the primary study investigator(s).                         |
| Not-for-profit Use Only | NPU | Use of the data is limited to not-for-profit organizations.  |
| Methods                 | MDS | Use of the data includes methods development research (e.g., development and testing of software or algorithms). |
| Genetic Studies Only    | GSO | Use of the data is limited to genetic studies only.  |

Using the tables above, indicate in the table below the consent group(s) for each Submitting Institution. Use one row per consent group.

| Collaborating Submitting Institution Name | Data Use Limitation (GRU, HMB, DS, Other) | Data Use Limitation Modifiers (optional) |                              |                              |                              |                              |                              |
|---|---|--|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
|   |   | IRB <input type="checkbox"/>             | PUB <input type="checkbox"/> | COL <input type="checkbox"/> | NPU <input type="checkbox"/> | MDS <input type="checkbox"/> | GSO <input type="checkbox"/> |
|   |   | IRB <input type="checkbox"/>             | PUB <input type="checkbox"/> | COL <input type="checkbox"/> | NPU <input type="checkbox"/> | MDS <input type="checkbox"/> | GSO <input type="checkbox"/> |
|   |   | IRB <input type="checkbox"/>             | PUB <input type="checkbox"/> | COL <input type="checkbox"/> | NPU <input type="checkbox"/> | MDS <input type="checkbox"/> | GSO <input type="checkbox"/> |
|   |   | IRB <input type="checkbox"/>             | PUB <input type="checkbox"/> | COL <input type="checkbox"/> | NPU <input type="checkbox"/> | MDS <input type="checkbox"/> | GSO <input type="checkbox"/> |

**Data Submission Certification Signature Page**

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**Submitted and Agreed to By:**

**Investigator:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Institutional Signing Official:**

By signing below, I certify on behalf of (Name of Submitting Institution) that I have reviewed the terms and conditions in this certification and agree that the submission meets them.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OMB control Number: 0925-0670**

**Expiration Date: March 31, 2026**

Public reporting burden for this collection of information is estimated to be about 30 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the information needed, and completing the form. 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 (0925-0670). Do not return the completed form to this address.